

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION

4 IN RE: NATIONAL ) MDL No. 2804  
5 PRESCRIPTION OPIATE )  
6 LITIGATION ) Case No.  
7 ) 1:17-MD-2804  
8 )  
9 THIS DOCUMENT RELATES TO ) Hon. Dan A.  
10 ALL CASES ) Polster  
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Tuesday, May 14, 2019

HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
CONFIDENTIALITY REVIEW

Videotaped Deposition of NANCY K.  
YOUNG, Ph.D., held at Robinson Calcagnie,  
Inc., 19 Corporate Plaza Drive, Newport  
Beach, California, commencing at 9:10 a.m.,  
on the above date, before Debra A. Dibble,  
Registered Diplomate Reporter, Certified  
Realtime Reporter, Certified Realtime  
Captioner, and Notary Public.

GOLKOW LITIGATION SERVICES  
877.370.3377 ph | fax 917.591.5672  
deps@golkow.com

1       A P P E A R A N C E S:

2       MOTLEY RICE LLC

3       BY: JODI WESTBROOK FLOWERS, ESQUIRE

4       jflowers@motleyrice.com

5       MICHAEL J. PENDELL, ESQUIRE

6       mpendell@motleyrice.com

7       ANNIE E. KOUBA, ESQUIRE

8       akouba@motleyrice.com

9       28 Bridgeside Boulevard

10      Mt. Pleasant, South Carolina 29464

11      (843) 216-9163

12      Counsel for MDL Plaintiffs

13

14      ROBINSON CALCAGNIE, INC.

15      BY: PAUL DAGOSTINO, ESQUIRE

16      pdagostino@robinsonfirm.com

17      LILA RAZMARA, ESQUIRE

18      lrazmara@robinsonfirm.com

19      19 Corporate Plaza Drive

20      Newport Beach, California 92660

21      (949) 720-1288

22      Counsel for MDL Plaintiffs

23

24      BRANSTETTER STRANCH & JENNINGS PLLC

25      BY: MICHAEL G. STEWART, ESQUIRE

26      michaels@bsjfirm.com

27      223 Rosa L. Parks Boulevard

28      Suite 200

29      Nashville, Tennessee 37203

30      (615) 254-8801

31      Counsel for Tennessee Plaintiffs

32

33      REED SMITH LLP

34      BY: ERIC L. ALEXANDER, ESQUIRE

35      ealexander@reedsmith.com

36      1301 K Street N.W.

37      Suite 1000 - East Tower

38      Washington, D.C. 20005

39      (202) 414-9403

40      Counsel for AmerisourceBergen Drug

41      Corporation

42

1 KIRKLAND & ELLIS LLP  
BY: KARL STAMPFL, ESQUIRE  
2 karl.stampfl@kirkland.com  
300 North LaSalle  
3 Chicago, Illinois 60654  
(312) 862-2595  
4 Counsel for Allergan Finance LLC  
5

6 BARTLIT BECK LLP  
BY: ALEX J. HARRIS, ESQUIRE  
7 Alex.Harris@BartlitBeck.com  
1801 Wewatta Street  
8 Suite 1200  
Denver, Colorado 80202  
9 (303) 592-3197  
Counsel for Walgreens Company  
10

11 MARCUS & SHAPIRA LLP  
BY: ELLY HELLER-TOIG, ESQUIRE  
12 ehtoig@marcus-shapira.com  
(appearing telephonically)  
13 One Oxford Centre  
35th Floor  
14 Pittsburgh, Pennsylvania 15219  
(412) 471-3490  
15 Counsel for HBC Services  
16

MORGAN LEWIS & BOCKIUS LLP  
17 BY: VALERIE M. TOTH, ESQUIRE  
valerie.toth@morganlewis.com  
18 200 South Biscayne Boulevard  
Suite 5300  
19 Miami, Florida 33131-2339  
(305) 415-3413  
20 Counsel for Teva Pharmaceuticals USA  
Inc., Cephalon Inc., Watson  
21 Laboratories Inc., Actavis LLC, and  
Actavis Pharma Inc. F/k/a Watson  
22 Pharma Inc.  
23  
24

1 ZUCKERMAN SPAEDER LLP  
2 BY: STEVEN HERMAN, ESQUIRE  
3 sherman@zuckerman.com  
4 1800 M Street, N.W.  
5 Suite 1000  
6 Washington, D.C. 20036-5807  
7 (202) 778-1800  
8 Counsel for CVS Indiana LLC and CVS  
9 Rx Services Inc.

10 LOCKE LORD LLP  
11 BY: ANNA K. FINGER, ESQUIRE  
12 anna.k.finger@lockelord.com  
13 (appearing telephonically)  
14 2200 Ross Avenue  
15 Suite 2800  
16 Dallas, Texas 75201  
17 (214) 740-8000  
18 Counsel for Henry Schein, Inc. and  
19 Henry Schein Medical Systems, Inc.

20 ARNOLD & PORTER KAYE SCHOLER LLP  
21 BY: ANGEL TANG NAKAMURA, ESQUIRE  
22 Angel.Nakamura@arnoldporter.com  
23 777 South Figueroa Street  
24 44th Floor  
Los Angeles, California 90017-5844  
(213) 243-4094  
Counsel for Endo Health Solutions  
Inc., Endo Pharmaceuticals Inc., Par  
Pharmaceutical, Inc. and Par  
Pharmaceutical Companies, Inc.

SHOOK, HARDY & BACON, L.L.P.  
BY: MICHELLE M. FUJIMOTO, ESQUIRE  
mfujimoto@shb.com  
5 Park Plaza  
Suite 1600  
Irvine, California 92614-8502  
(949) 475-1500  
Counsel for McKesson

1 JONES DAY  
BY: LAURA JANE DURFEE, ESQUIRE  
2 ldurfee@jonesday.com  
2727 North Harwood Street  
3 Suite 500  
Dallas, Texas 75201-1515  
4 (214) 969-5150  
Counsel for Walmart Corporation

5  
6 O'MELVENY & MYERS LLP  
BY: HOUMAN EHSAN, M.D., ESQUIRE  
7 hehsan@omm.com  
400 South Hope Street  
8 18th Floor  
Los Angeles, California 90071  
9 (213) 430-6000  
Counsel for Janssen Pharmaceuticals  
10 Inc. and Johnson & Johnson  
11

ROPE & GRAY LLP  
12 BY: JESSICA F. SORICELLI, ESQUIRE  
jessica.soricelli@ropesgray.com  
13 1211 Avenue of the Americas  
New York, New York 10036  
14 (212) 256-9000  
Counsel for Mallinckrodt  
15 Pharmaceuticals  
16

LYNN PINKER COX & HURST, LLP  
17 BY: JOHN VOLNEY, ESQUIRE  
jvolney@lynnllp.com  
18 2100 Ross Avenue  
Suite 2700  
19 Dallas, Texas 75201  
(214) 981-3800  
20 Counsel for Purdue Pharma  
21  
22  
23  
24

1 MORGAN LEWIS & BOCKIUS LLP  
BY: JAMES ALPHONSE NORTEY, ESQUIRE  
2 james.nortey@morganlewis.com  
(appearing telephonically)  
3 1000 Louisiana Street  
Suite 4000  
4 Houston, Texas 77002  
(713) 890-5000  
5 Counsel for Rite Aid  
6

THE VIDEOGRAPHER:

7  
David Kim,  
8 Golkow Litigation Services  
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I N D E X

NANCY K. YOUNG, Ph.D. Page

DIRECT EXAMINATION BY MR. ALEXANDER 9

E X H I B I T S

No.	Description	Page
Young-1	Nancy K. Young, Ph.D. report	128
Young-2	Nancy K. Young, Ph.D. report/reformatted	130
Young-3	Materials considered by Nancy Young	133
Young-4	March 7, 2018, Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a mixed Methods Study	309
Young-5	2-23-16 written testimony of Nancy K. Young, Ph.D., Examining the Opioid Epidemic: Challenges and Opportunities	365

1 PROCEEDINGS

2 (May 14, 2019 at 9:10 a.m.)

3 THE VIDEOGRAPHER: We are now  
4 on the record. My name is David Kim.  
5 I'm a videographer for Golkow  
6 Litigation Services. Today's date is  
7 May 14, 2019, and the time is  
8 9:10 a.m. This videotaped deposition  
9 is being held in Newport Beach,  
10 California, in the matter of National  
11 Prescription Opioid Litigation MDL  
12 No. 2804 for the U.S. District Court,  
13 Northern District of Ohio, Eastern  
14 Division.

15 The deponent is Nancy K. Young.  
16 Counsel will be noted on the  
17 stenographic record.

18 The court reporter is Debbie  
19 Dibble, and will now swear in the  
20 witness.

21 NANCY K. YOUNG,  
22 having first been duly sworn, was examined  
23 and testified as follows:  
24



1 DIRECT EXAMINATION

2 BY MR. ALEXANDER:

3 Q. State your full name for the  
4 record, please.

5 A. Nancy Kathryn, K-A-T-H-R-Y-N,  
6 Young.

7 Q. And you go by Dr. Young  
8 professionally?

9 A. Yes, I do.

10 Q. Okay. Dr. Young, do you  
11 understand you're here to be deposed as an  
12 expert witness for the plaintiffs in the  
13 first federal MDL trial involving Cuyahoga  
14 and Summit Counties?

15 A. Yes, I do understand.

16 Q. Have you ever been deposed  
17 before in connection with a lawsuit?

18 A. No, I have not.

19 Q. Have you ever served as an  
20 expert witness in connection with a lawsuit?

21 A. No, I have not.

22 Q. Before we get into much of the  
23 substance and I go over a couple of the  
24 rules, I'll state two or three things that

1 happened off the record so we're clear.

2 First is that there is somebody  
3 calling in by phone and perhaps later  
4 attending live, who is not in any of these --  
5 in this case for any party in this case but  
6 is trying to participate on behalf of a state  
7 court plaintiff in Tennessee. I would say on  
8 behalf of the defendants that we object to  
9 anybody participating who isn't in this case,  
10 and hasn't followed on appropriate cross  
11 notice proceedings, although we don't plan to  
12 do anything to stop participation based on  
13 the representation that the participation  
14 wouldn't involve any questioning or  
15 objecting.

16 The other is that we've been  
17 informed by the two lawyers -- I'm sorry, two  
18 of the three lawyers here from Motley Rice  
19 who represent Summit County that they both  
20 intend to object, simultaneously or  
21 overlapping nature, on behalf of the same  
22 party, and on behalf of the defendants. We  
23 do object to that as well. Unless it gets to  
24 be a particular problem or issue, I think we

1 will just go forward with that.

2 I would also state that we were  
3 given a copy of the expert report of  
4 Dr. Young just before we got started, with  
5 the representation that it is simply  
6 reformatted, but that no words or substance  
7 has changed to any portion of the report.

8 MS. FLOWERS: And for the  
9 record, plaintiffs would state they  
10 have no objection to the participation  
11 of the state counsel, as defendants  
12 regularly take the position that they  
13 should go to the MDL for the  
14 depositions.

15 We don't -- we do not object to  
16 their appearance today, and with  
17 respect to counsel being able to  
18 object, we disagree with the statement  
19 that was made on the record.

20 MR. ALEXANDER: I'm sorry,  
21 somebody from the phone was saying  
22 something?

23 MR. STEWART: Yeah. This is  
24 Mike Stewart, representing the

1 Tennessee plaintiff. We don't agree  
2 with the objection, but that said,  
3 your characterization of what we plan  
4 to do is accurate.

5 Q. (BY MR. ALEXANDER) So,  
6 Dr. Young, you have testified in connection  
7 with legislative proceedings before.

8 Correct?

9 A. Yes, I have testified at the  
10 Senate and at the House of Representatives,  
11 yes. And at a few different state capitals.

12 Q. And when you've given that sort  
13 of testimony, have you been under oath?

14 A. Yes, I have.

15 Q. Do you have any questions about  
16 what it means to be under oath here today?

17 A. No, I do not.

18 Q. Some basic rules of deposition.  
19 This is a question-and-answer format. I'm  
20 over here asking the questions. If you need  
21 to take a break at any time, let us know; we  
22 can take a break. If you don't understand my  
23 questions, I can try to fix them.

24 If there is an objection from

1 plaintiffs' counsel to the form of the  
2 question, and you understand it, you should  
3 try to answer it anyway.

4 If somebody here instructs you  
5 not to answer, then that's kind of between  
6 you and them. Although I'm not sure there  
7 will be any basis to instruct you not to  
8 answer based upon what your role is in this  
9 case.

10 If you have some personal  
11 emergency, health-related, whatever,  
12 discomfort -- I know there's been talk about  
13 you bringing a fan and having issues with the  
14 light in here and all of that -- let us know.  
15 We'll try to fix it so that you can sit and  
16 answer questions. In general I think we'll  
17 go until somebody asks for a break. I'm not  
18 sure that I'm going to be watching the clock,  
19 but like I said, if you feel the need to take  
20 a break because of whatever reason, let us  
21 know and we'll do that.

22 Other basic rules, the court  
23 reporter to your right, my left, is typing  
24 down everything everybody says. Even though

1       this is being videotaped, you do need to give  
2       answers with actual words out loud, not head  
3       nods or shakes or kind of nonverbal responses  
4       like mm-hmm or uh-huh. Because that would  
5       require the court reporter to make a judgment  
6       about what you mean and put that down.

7                       So -- any questions about the  
8       proceedings or the procedures for this  
9       proceeding before we get going?

10               A.       No, I do not have any  
11       questions.

12               Q.       Do you know when you were  
13       retained as an expert witness in this matter?

14               A.       In January of 2019.

15               Q.       Do you know who approached you?

16               A.       A colleague of Jodi Flowers.

17               Q.       Who is that?

18               A.       Her name is Erin Dickinson.

19               Q.       Before January of 2019, had you  
20       had any connection with any of the plaintiff  
21       lawyers or any of the plaintiff groups in  
22       connection with anything about opioid or  
23       opiate litigation?

24               A.       No. I had not.

1           Q.       The work that you'd done in  
2       this case, as I understand it based upon your  
3       report, you do rely on some prior  
4       presentations and prior work that you do in  
5       connection with your work outside of  
6       litigation; is that a fair statement?

7                   MS. FLOWERS:  Objection to  
8       form.

9                   THE WITNESS:  Yes.  I've been  
10       working on these related policy issues  
11       for 25 years.

12           Q.       (BY MR. ALEXANDER)  Okay.  
13       Ma'am, can you hear me okay?  You're looking  
14       away from where I'm asking questions.

15           A.       Yes, I can hear you fine.

16           Q.       Okay.  So do you have an idea  
17       as to how many hours you or your staff have  
18       put in on this matter prior to signing your  
19       expert report around March 25th?

20           A.       Yes.  About 150 hours.

21           Q.       And how many of those were  
22       yours versus your staff's?

23           A.       Probably 10 to 15 hours were my  
24       staff.

1 Q. And who from your staff  
2 participated?

3 A. Statistician named Dr. Yueqi  
4 Yan, from the research assistant program  
5 associates on finding literature.

6 Q. Dr. Yan, is that Y-A-N?

7 A. Yes, it is.

8 Q. And can you give me the names  
9 of any other staff that participated other  
10 than Dr. Yan?

11 A. I asked a staff member to run  
12 information about all of the technical  
13 assistance that we've delivered in Ohio, and  
14 that would have been the person who has that  
15 data. Someh Lewis.

16 There's also a staff member who  
17 I have been working with in Ohio, who works  
18 in our Children and Family Futures. Her name  
19 is Alexis Balkey.

20 Q. Can you spell the last name?

21 A. B-A-L-K-E-Y.

22 Q. Is she actually part of your  
23 company or your entity?

24 A. Yes. There's 60 employees at



1 Children and Family Futures.

2 Q. Dr. Yan, Someh Lewis,  
3 Ms. Balkey. Anybody else?

4 A. There may have been one or two  
5 people that I asked for specific information,  
6 but those are the primary ones.

7 Q. There's a description of some  
8 work and analyses related to three particular  
9 data sets described in your report. Was that  
10 all done by Dr. Yan?

11 A. Yes, that's right.

12 MS. FLOWERS: Object to the  
13 form. Lack of foundation.

14 Q. (BY MR. ALEXANDER) And did  
15 you, yourself, do anything with those data  
16 sets in terms of looking at the data or  
17 checking the analysis or the algorithms that  
18 were used to do any kind of analysis?

19 MR. PENDELL: Object to the  
20 form.

21 THE WITNESS: All of the  
22 output, I reviewed. First, I asked  
23 for the specific cross tabs to be run.  
24 And then looked at all of the output.

1           And then created the graphs from the  
2           output.

3           Q.       (BY MR. ALEXANDER)   So going  
4           back to when you were retained by  
5           Ms. Dickinson, were you retained right in  
6           connection with the first contact or did you  
7           have a series of, you know, kind of exchanges  
8           back and forth reviewing materials before you  
9           agreed to sign up with the plaintiffs?

10          A.       I did not review materials in  
11          between the first phone call and having an  
12          agreement with them. I didn't review  
13          materials during that time.

14          Q.       Do you know when you first  
15          reviewed any materials, either data or  
16          materials provided to you by plaintiffs or  
17          medical literature that was obtained  
18          specifically for purposes of doing your  
19          report for this case?

20                   MS. FLOWERS: Object to the  
21                   form.

22                   THE WITNESS: As I began to  
23                   pull together the information for the  
24                   report, I read the depositions from

1           the child welfare administrator in  
2           Cuyahoga County and in Summit County.  
3           So I've read those depositions.

4           Q.       (BY MR. ALEXANDER)   So my  
5           question was when. Do you know when it was  
6           that you first started looking at any  
7           materials that were outside of whatever you  
8           might have already had in your head before  
9           you were retained?

10          A.       I believe that was the end of  
11          February.

12          Q.       So whatever -- one rule that I  
13          didn't go over that I think is potentially  
14          pertinent is that because the court reporter  
15          takes down everything everybody says, it is  
16          important that people don't speak over one  
17          another.

18                   I will try to make sure that I  
19          don't start my next question until you're  
20          done with your answer. If you could try to  
21          do the same thing with my questions, that  
22          will make for a cleaner record, so that at  
23          the end of the day the written record  
24          reflects what you actually know and think.

1 Does that make sense?

2 A. Yes. It does make sense. I  
3 understand.

4 Q. And if there is an objection  
5 from one or more of the various plaintiffs'  
6 lawyers here, obviously try not to talk over  
7 them too, but the whole idea is doing what we  
8 can to make sure only one person is talking  
9 at a time. Does that make sense?

10 A. Yes, it makes sense.

11 Q. Okay. So you mentioned  
12 reviewing certain depositions, starting in  
13 late February.

14 Was that the first sort of  
15 information that you reviewed for your work  
16 on this case between the time you were  
17 retained and the time that you signed your  
18 expert report in late March?

19 MS. FLOWERS: Object to the  
20 form.

21 THE WITNESS: Well, I review  
22 research and I look at materials on a  
23 daily basis.

24 So specific to writing this

1 report, it was late February.

2 Q. (BY MR. ALEXANDER) Do you  
3 recall whose depositions they were that you  
4 reviewed?

5 A. The two administrators, the  
6 administrator from Cuyahoga County and the  
7 administrator from Summit County. And then,  
8 in the process, I also read the deposition of  
9 the -- I believe he's a program manager in  
10 Summit -- no, I'm sorry, from Cuyahoga  
11 County, about the START program.

12 Q. Is that Dr. -- was that David  
13 Merriman, the third one you mentioned?

14 A. No, it was not.

15 Q. Who was that?

16 A. I may not have the name right.  
17 I believe it's Christopher Cabot.

18 Q. Do you remember the names of  
19 the first two you mentioned, when you said  
20 that they were essentially the heads of the  
21 Cuyahoga and Summit County children's  
22 services groups?

23 A. Yes, I do. Julie Barnes in  
24 Summit County, and -- I probably don't have

1 the name correct. Wieselstadt. I'm not sure  
2 of her name.

3 Q. Weiskittel?

4 A. Yes, that's correct.

5 Q. So those were the current  
6 directors of the Cuyahoga and Summit County  
7 children's services or children and family  
8 services departments, depending on how they  
9 named them in each county. Is that what  
10 you're talking about?

11 A. Yes, that's right.

12 Q. And there were prior directors  
13 or executive directors of each department and  
14 some of the subdivisions who were also  
15 deposed. Did you ever review those?

16 MS. FLOWERS: Object to the  
17 form, foundation.

18 THE WITNESS: I don't remember  
19 reading those, no.

20 Q. (BY MR. ALEXANDER) You only  
21 remember reading those three depositions,  
22 Cabot, Weiskittel, and Barnes?

23 MS. FLOWERS: Object to the  
24 form. Misstates the testimony.

1 THE WITNESS: Yes. Those are  
2 the depositions that I recall.

3 Q. (BY MR. ALEXANDER) And did you  
4 actually look at the exhibits that went along  
5 with the deposition?

6 A. I don't remember the  
7 deposition. I mean, I don't -- excuse me, I  
8 don't remember the exhibits specifically.

9 Q. And I'm not trying to be, you  
10 know, overly simplistic, but for a  
11 deposition, there may be pieces of paper that  
12 are attached, kind of numbered 1, 2, 3, 4, 5,  
13 that will be documents that may have been  
14 used and referenced in the deposition. Like  
15 here, we may mark your expert report, or  
16 there may be a notice, or for those fact  
17 depositions there may have been documents  
18 that had their name on them, budget requests,  
19 e-mails, that sort of thing.

20 Do you think with your  
21 description of a deposition exhibit that you  
22 reviewed any deposition exhibits for any  
23 employee of Cuyahoga or Summit County who was  
24 deposed in connection with this case?

1 MS. FLOWERS: Object to the  
2 form.

3 THE WITNESS: I recall in the  
4 deposition the description of those  
5 exhibits, but I don't recall the  
6 exhibits themselves.

7 Q. (BY MR. ALEXANDER) When you  
8 say you don't recall, you don't recall that  
9 you actually read them?

10 A. That I --

11 MS. FLOWERS: Object to the  
12 form.

13 THE WITNESS: I don't recall  
14 that I actually saw the exhibits.

15 Q. (BY MR. ALEXANDER) Okay. And  
16 so trying to unpack a little bit, sitting  
17 here today, you think you actually didn't  
18 read the exhibits that went along with those  
19 three depositions or any others; correct?

20 MS. FLOWERS: Object to the  
21 form. Lack of foundation.

22 THE WITNESS: I don't recall  
23 reading the exhibits; that is correct.

24 Q. (BY MR. ALEXANDER) Did you



1 keep copies of correspondence from the  
2 plaintiffs' counsel that showed what they  
3 sent you, when?

4 MS. FLOWERS: I'm going to  
5 object on the grounds that it might  
6 call for work product privilege and  
7 caution the witness to answer the  
8 questions if you can without revealing  
9 the contents of anything that we  
10 discussed during your preparation.

11 MR. ALEXANDER: I was just  
12 asking, did you keep copies of the  
13 correspondence that showed what  
14 particular materials were provided to  
15 you, when?

16 I didn't ask about the  
17 substance of any communications.

18 THE WITNESS: If they were sent  
19 in an e-mail, I still have them in an  
20 e-mail.

21 Q. (BY MR. ALEXANDER) Were there  
22 materials that you ever requested from the  
23 plaintiff lawyers, please send me these  
24 documents, by describing a category of

1 documents or asking for specific documents  
2 based upon any of the review you had done to  
3 that point?

4 A. No, I don't believe so.

5 Q. Okay. So like Weiskittel,  
6 Cabot, and Barnes, those depositions were  
7 picked through as ones you should receive and  
8 review?

9 MS. FLOWERS: Object to the  
10 form.

11 THE WITNESS: Yes, that's  
12 correct.

13 Q. (BY MR. ALEXANDER) And when  
14 you reviewed those three depositions, did you  
15 ask to see anything else, like, hey, they  
16 mentioned so and so. If that person's been  
17 deposed can I get their deposition too?

18 A. Yes. There's actually a  
19 physician in the Cincinnati area who I am  
20 aware of. I haven't worked with him, but I  
21 was interested because of the work he's doing  
22 related to infants with prenatal exposure,  
23 and I have a -- I scanned his deposition, but  
24 I didn't finish reading it.

1 Q. Dr. Wexelblatt?

2 A. Yes. That's correct.

3 Q. So I want to make sure we're  
4 clear, because I was asking about current or  
5 former employees of Cuyahoga or Summit County  
6 that were deposed, and you answered in terms  
7 of an expert witness retained by the  
8 plaintiffs.

9 So I'm not being critical. I'm  
10 just trying to make sure that we get answers  
11 to my specific questions. And we'll talk  
12 about Mr. Wexelblatt and potentially some of  
13 the other experts. But for the various  
14 employees who work in children and family  
15 services, or related fields, or health and  
16 human services, or any other area that kind  
17 of intersects with your area of expertise,  
18 when you read the three depositions that  
19 you've identified, Cabot, Weiskittel, and  
20 Barnes, did you ask the plaintiffs' lawyers  
21 to provide you any additional deposition  
22 transcripts or documents?

23 MR. PENDELL: Objection to  
24 form.

1 THE WITNESS: Thank you for the  
2 reminder on the difference between the  
3 employees in the two counties and the  
4 expert. And no, I did not ask for any  
5 other county employee depositions.

6 Q. (BY MR. ALEXANDER) Do you know  
7 any of the people whose depositions you read  
8 or whose names were referenced in the  
9 depositions or any documents you may have  
10 seen?

11 MR. PENDELL: Objection, form.

12 Q. (BY MR. ALEXANDER) And I'm  
13 focusing specifically on people who work or  
14 have worked at Cuyahoga or Summit County in  
15 areas related to children's services or  
16 social services.

17 A. Of the people that I read the  
18 depositions, I believe I have met and talked  
19 to Julie Barnes before. I don't believe that  
20 I have met the Cuyahoga commissioner or  
21 director before.

22 I have met past individuals in  
23 Cuyahoga and other employees in Summit.

24 Q. Okay. So let me break that up.

1 I believe there were three logical parts of  
2 that. In terms of your work for this case,  
3 the work that you've done since you were  
4 retained in January to do your expert report  
5 and offer the opinions that you intend to  
6 offer at trial, did you have any kind of  
7 interviews or discussions or meetings with  
8 anybody who works for Cuyahoga or Summit  
9 County or has worked for Cuyahoga or Summit  
10 County?

11 MR. PENDELL: Object to the  
12 form.

13 THE WITNESS: Who? In terms of  
14 who has worked for Cuyahoga County,  
15 yes.

16 The former supervisor of the  
17 START program is now a program  
18 director in my organization.

19 So I speak to her on a weekly  
20 basis.

21 I also wrote a case study for  
22 the federal government about the START  
23 program previously, so I interviewed  
24 many people about the START program

1                   previously.

2                   Q.           (BY MR. ALEXANDER)   So again, I  
3           was asking about the former work that you're  
4           doing --

5                   A.           During this time period.

6                   Q.           -- to get ready for this case.

7                   A.           Right.

8                   Q.           Your colleague who used to work  
9           on START in Cuyahoga County, who is that?

10                  A.           Her name is Tina Willauer.

11                  Q.           And did you have discussions  
12           with her about START or anything else in  
13           connection with preparing your expert  
14           reports -- your expert report or getting  
15           ready to testify as an expert in this case?

16                  A.           Yes. I had a conversation  
17           because she runs -- ran the START program in  
18           Kentucky. So she was aware of the START data  
19           in Kentucky.

20                  Q.           And did she ever work --  
21           Ms. Wig our -- is it Ms. or doctor?

22                  A.           It's Ms., and it is  
23           W-I-L-L-A-U-E-R.

24                  Q.           And did Ms. Willauer ever work,

1 as far as you know, for Summit or Cuyahoga  
2 County?

3 A. But now that you've put the  
4 frame of this time period, which I neglected  
5 to pay attention to, not during this time  
6 period. She previously worked for Cuyahoga  
7 County. She left Cuyahoga in about 2007.

8 Q. Okay. There are two time  
9 periods at issue here. So one is whenever  
10 anybody worked for Cuyahoga or Summit County  
11 at some point before today, and the other is  
12 the time period relating to when you've been  
13 preparing to be an expert witness and offer  
14 opinions at trial, if called.

15 A. Mm-hmm.

16 Q. So focusing on the latter, were  
17 any of your discussions with Ms. Willauer  
18 this year intended to provide the information  
19 so that you can testify about any issue as an  
20 expert witness in this matter?

21 A. Not directly. Just context.

22 Q. And what sort of information  
23 did you get from Ms. Willauer that provides  
24 context for any of your opinions?

1           A.       Not anything that I didn't  
2       already know. Confirmation of when she left  
3       Cuyahoga and went to Kentucky was really  
4       about it.

5           Q.       What about any aspect of how  
6       Cuyahoga County did anything relating to  
7       children and family services through 2007  
8       when she worked there? Would you talk to her  
9       about that?

10                   MS. FLOWERS: Object to the  
11       form.

12                   THE WITNESS: I don't believe  
13       there was any new information. I had  
14       done and already written a case study  
15       about the START program, so it was a  
16       general conversation about the START  
17       program when she was there.

18           Q.       (BY MR. ALEXANDER) Sitting  
19       here today, do you rely on anything from  
20       Ms. Willauer that tells you how Cuyahoga  
21       County has run its START program or any  
22       aspect of children and family services, or  
23       how they should going forward?

24           A.       No, I didn't rely on my



1 conversation with Ms. Willauer for that.

2 Q. So let's go back to Ms. Barnes.

3 Did you meet her outside of the  
4 context of litigation? Just at some  
5 professional meeting or some sort of other  
6 way in which you meet -- might meet somebody  
7 who works in Ohio?

8 A. Yes. Summit County received a  
9 regional partnership grant in 2012, and they  
10 operated that grant to 2017. And our  
11 organization provided the programmatic  
12 technical assistance to that set of grantees,  
13 and there were at least annual meetings with  
14 those grantees. So we would have been at  
15 that same meeting, and our staff had a person  
16 assigned to Summit County providing technical  
17 assistance to them.

18 And then subsequent to that, we  
19 have been providing assistance through an  
20 Office of Juvenile Justice and Delinquency  
21 prevention grant, or contract, to the State  
22 of Ohio, and Summit County is one of those  
23 counties.

24 So I've had weekly -- or excuse

1 me, monthly conversations with the counties  
2 that were participating in that, and Summit  
3 is one of those.

4 Q. Have those calls or meetings  
5 extended into 2019?

6 A. Yes.

7 Q. Do you rely on any interaction  
8 with Ms. Barnes for any of the opinions you  
9 intend to offer in this case?

10 A. I couldn't say directly with  
11 Ms. Barnes. With the staff in Summit County,  
12 it's specific to the family treatment court,  
13 and the initiatives that they've put forward  
14 in Summit County.

15 So I am aware of the work that  
16 they're doing in connection with their family  
17 treatment court.

18 Q. Do you have some opinions that  
19 you intend to offer in whole or in part based  
20 upon information that you've gained from your  
21 interaction with Summit County on their  
22 family treatment courts?

23 A. I think it would be impossible  
24 to separate out that particular conversation

1 from the conversations with the other  
2 counties, and with the entirety of all of the  
3 conversations I have with counties across the  
4 country.

5 Because there are similar  
6 patterns. There -- I couldn't say there was  
7 anything specific in the conversations with  
8 Summit that would have led to any of the  
9 recommendations about the kinds of  
10 remediations that are needed.

11 Q. Are there any documents that  
12 you're aware of that you have access to, like  
13 maintained at your company, that memorialize  
14 in any way the interaction with Summit County  
15 relating to their drug treatment courts or  
16 family treatment courts, whatever you call  
17 them?

18 A. That memorialize. Let me think  
19 about that.

20 Because we are a contractor to  
21 the Office of Juvenile Justice and  
22 Delinquency Prevention, the acronym OJJDP, we  
23 report periodically, twice a year, about the  
24 work that we're doing through that contract.

1                   So there could be something  
2           that says broadly what's going on in Ohio,  
3           but it would not necessarily say anything  
4           specific about Summit County. It would be  
5           broad about all 11 of those counties.

6           Q.       Is there a name for that  
7           document that might have that sort of  
8           information about Summit County?

9                   MS. FLOWERS: Object to the  
10          form.

11                  THE WITNESS: The semiannual  
12          progress report filed to the federal  
13          government about our work.

14                  MR. ALEXANDER: Okay.

15          Q.       (BY MR. ALEXANDER) And you  
16          keep copies of that; correct?

17          A.       Yes.

18          Q.       In connection with your work to  
19          be an expert in this case, did you reach out  
20          to Ms. Barnes or any of the other contacts  
21          that you had at Summit County to try to get  
22          any additional information about what has  
23          gone on there, what their hurdles or  
24          challenges have been in providing children

1 and family services or any other issue  
2 pertinent to your expert report?

3 MR. PENDELL: Object to the  
4 form.

5 THE WITNESS: No, I did not.

6 Q. (BY MR. ALEXANDER) Did you ask  
7 to do that?

8 A. No, I didn't.

9 Q. Same question for Cuyahoga  
10 County. Did you make any attempt to try to  
11 have contact with anybody who actually works  
12 for any of the Cuyahoga County Children and  
13 Family Services entities to try to figure out  
14 what's been going on there, what their  
15 hurdles or challenges are, or any other issue  
16 related to the subject matter of your expert  
17 report?

18 MR. PENDELL: Object to the  
19 form.

20 THE WITNESS: No, I did not.

21 Q. (BY MR. ALEXANDER) And did you  
22 ask the plaintiffs' lawyers if that happened?

23 A. No, I did not.

24 Q. Have you had any contact,

1 directly or indirectly, that tells you what  
2 the perspectives have been of the people in  
3 the trenches, so to speak, from those two  
4 counties in terms of their issues related to  
5 any sort of substance abuse and how it  
6 affects children and family services?

7 MS. FLOWERS: Object to the  
8 form.

9 THE WITNESS: As part of my  
10 responsibilities as the project  
11 director for the OJJDP contract, and  
12 working specifically in Ohio on the  
13 State System Improvement Program, the  
14 acronym SSIP, I meet at least twice a  
15 year with the heads of the departments  
16 at the state and the specialty docket  
17 staff of the Supreme Court. So I am  
18 meeting with the heads of the  
19 departments, who are overseeing all of  
20 the counties. So much of that  
21 information is flowing up to those  
22 commissioners. I have had  
23 conversations with PCSAO, Public -- C,  
24 Child -- Services Association of

1 Ohio -- staff. So I'm familiar with,  
2 very much so, about the whole picture  
3 of Ohio, and how that is playing out  
4 in Summit and in Cuyahoga.

5 Q. (BY MR. ALEXANDER)

6 Specifically with regard to Cuyahoga and  
7 Summit counties, have you had any interaction  
8 with the people who work there, where you  
9 attempted to find out how substance abuse  
10 affects their challenges in providing  
11 children and family services?

12 A. The last time before, just  
13 being in Cleveland a few weeks ago, that I  
14 was in Cuyahoga, I was there at the  
15 invitation of Senator Portman and Senator  
16 Brown, to speak directly about the opioid  
17 issues in Ohio. We were in Cleveland, and  
18 several of the individuals from Cleveland  
19 were also there to testify and to discuss the  
20 issues. There were individuals from the  
21 substance abuse treatment agency that were  
22 there, and there were individuals from the  
23 child welfare agency that were there. I'm  
24 sorry, I don't remember their names.

1 Q. Do you remember the date when  
2 that happened?

3 A. It was in April of 2016, I  
4 believe.

5 Q. You just said it was a couple  
6 of weeks ago.

7 A. No, subs -- I said prior to the  
8 time a few weeks ago when I was in Cleveland.  
9 The time before that that I was actually in  
10 Cleveland was at the meeting with the  
11 senators.

12 Q. Okay. Let's break it up.  
13 For purposes of this case.

14 A. Mm-hmm.

15 Q. The work that you did between  
16 when you were retained in January and when  
17 you signed your expert report in March, did  
18 you have any contact with anybody who works  
19 for or used to work for children and family  
20 services entities in Cuyahoga or Summit  
21 County to give you their perspective on how  
22 substance abuse of any kind affects the  
23 delivery of services?

24 A. I did not ask specific



1 questions of the person -- of current  
2 employees in those two counties.

3 Q. Okay. So let's break it up  
4 from your two meetings that you've described.

5 A. Mm-hmm.

6 Q. And then let's just go back for  
7 a second, actually, first, for the SSIP  
8 program.

9 A. Mm-hmm.

10 Q. And are there Cuyahoga and  
11 Summit County sites set up in connection with  
12 SSIP yet?

13 A. I'm sorry, I don't understand  
14 the question. Are there site?

15 Q. Let me ask you this way. The  
16 work that you do for SSIP is through the  
17 state; correct?

18 A. It's funded through the federal  
19 government to the Supreme Court; correct.  
20 And Summit is one of the counties that is  
21 participating. Cuyahoga is not one of the  
22 pilot counties.

23 Q. Okay. So the SSIP program work  
24 that you're doing doesn't give you any

1 information about what's going on in Cuyahoga  
2 County; correct?

3 MS. FLOWERS: Object to the  
4 form.

5 THE WITNESS: Not directly.  
6 Only in the oversight committee that  
7 is made up of all of the directors and  
8 commissioners. Yes.

9 Q. (BY MR. ALEXANDER) And the  
10 Summit County and any information you get  
11 would be within the last how long? What time  
12 period?

13 A. Well, I believe the last  
14 demonstration phone call was in the first  
15 quarter of 2019. But I wouldn't be able to  
16 tell you exactly what month that was in.

17 Q. And when did that start? When  
18 did the SSIP program start such that you ever  
19 got information that had to do with Summit  
20 County in part?

21 A. About four and a half years  
22 ago.

23 Q. So then let's go back to the  
24 Cleveland visit. There was a visit in

1 Cleveland that you had within the last couple  
2 of weeks?

3 A. Yes. That was to meet with  
4 Jodi and her team.

5 Q. Okay. Do you know the date of  
6 that meeting?

7 A. Not off the top of my head. I  
8 was in Columbus to meet with this executive  
9 committee again, and then we added on a  
10 meeting in Columbus. I'm sorry, excuse me,  
11 in Cleveland.

12 Q. So if we used the date of your  
13 report of March 25th as a guidepost, was this  
14 meeting with the plaintiff lawyers before or  
15 after that?

16 A. It was after that.

17 Q. Okay. Who was present at the  
18 meeting after you did your report, the  
19 meeting that you mentioned with the plaintiff  
20 lawyers in Cleveland?

21 A. Jodi and a few of her  
22 colleagues.

23 Q. Was there anybody present who  
24 wasn't a lawyer or like a paralegal?

1       Somebody working with lawyers or the law  
2       firm?

3               A.       Not that I recall.

4               Q.       Were there any people who  
5       worked for Cuyahoga or Summit County there?

6               A.       There were lawyers there, and  
7       as I recall there were lawyers for the  
8       counties.

9               Q.       Did you get any new information  
10      at that meeting that gave you any additional  
11      facts or assumptions to make that would  
12      influence any of your expert opinions?

13              A.       No, I did not.

14              Q.       I'm not asking you about the  
15      specifics of conversations you had with the  
16      lawyers, but in general, did anything about  
17      that affect any of the opinions you're going  
18      to give?

19                      MS. FLOWERS:  Objection, asked  
20                      and answered.

21                      THE VIDEOGRAPHER:  I'm sorry, I  
22                      can hear her playing with the cord.

23                      MS. FLOWERS:  Better now?

24                      MR. ALEXANDER:  Do you need the

1 question read back, ma'am?

2 THE WITNESS: Yes, would you  
3 ask the question again, please?

4 MR. ALEXANDER: Sure.

5 Q. (BY MR. ALEXANDER) Without  
6 asking you about the specifics of  
7 conversations you had with any of the  
8 plaintiff lawyers, did anything about that  
9 meeting after you signed your report affect  
10 any of the substance of your report?

11 MS. FLOWERS: Asked and  
12 answered.

13 THE WITNESS: No, it did not.

14 Q. (BY MR. ALEXANDER) You said  
15 that there was a meeting back in Cleveland in  
16 roughly the spring of 2016? The last time  
17 you were there?

18 A. That's correct.

19 Q. And do you recall what that was  
20 about?

21 A. Yes. It was at the invitation  
22 of the senators to have a discussion about  
23 the impact of opioids in Ohio and it was  
24 specifically in Cuyahoga and there were

1 several people that had discussion with them  
2 about what was going on in Cuyahoga and more  
3 broadly in the state about opioids.

4 Q. Did you get any information  
5 about Summit County in particular at that  
6 time or just Cuyahoga County?

7 A. Mostly Cuyahoga.

8 Q. Was there anybody presenting  
9 relating specifically to Summit?

10 A. I don't recall specifically to  
11 Summit. The person who stood out for me was  
12 the father of a young man who had his wisdom  
13 teeth pulled and got a prescription for  
14 OxyContin, became a heroin addict and he  
15 died.

16 And this father has started a  
17 support group for other parents who have lost  
18 their children and was speaking about his  
19 effort to try and educate other parents about  
20 what they can do when they first get signs  
21 that their children are in trouble.

22 Q. Do you know the name of that  
23 support group or the gentleman who founded  
24 it?

1           A.       His son's name was Robby, and  
2       he was talking about Robby's voice. That he  
3       wanted Robby's voice to go on.

4           Q.       Is that the name of the  
5       organization?

6           A.       I believe that was what he was  
7       trying to -- had either started an  
8       organization called Robby's Voice or was  
9       starting an organization Robby's Voice.

10                   The other person who I was  
11       distinct, because I knew her previously, was  
12       Tracy Plouck. She, at the time, was the  
13       director of OMAS, Ohio Mental Health and  
14       Addiction Services. And she was speaking  
15       about the data and the impact of prescription  
16       opioids and what was going on in the  
17       treatment world related to trying to solve  
18       the opioid problem in Ohio.

19                   She's no longer the director in  
20       the change of administration. There's a new  
21       director of Ohio OMAS.

22           Q.       Okay. Let's go back to what I  
23       was asking. That was in response to the  
24       question about the name of the organization.

1                   The -- you said there were --  
2           during the time that you were in Cleveland,  
3           in 2016, for a presentation what you remember  
4           or something that a gentleman said about an  
5           organization he was intending to found to  
6           educate parents, and then you said something  
7           about something from Tracy Plouck about  
8           analysis that was going on at OMAS.

9           A.       Mm-hmm.

10          Q.       Am I right so far?

11          A.       That's correct.

12          Q.       Okay.

13                   So at the meeting in the spring  
14           of 2016 in Cleveland, was there anybody there  
15           who presented from Summit County on behalf of  
16           any of the entities there that interact with  
17           children and family services?

18          A.       I don't recall -- as I said, I  
19           don't recall anyone specifically from Summit.  
20           I made a presentation about opioids and child  
21           welfare at that meeting.

22          Q.       So I'm asking first about the  
23           presentations that were given other than  
24           yours. We'll get to yours.



1 Do you remember the name of  
2 anybody who presented from Cuyahoga County  
3 relating to children and family services?

4 A. I don't remember the name of  
5 anyone from Cuyahoga County.

6 Those are the two people who  
7 really stood out. There was a presentation  
8 from a NICU nurse, as I recall. That's the  
9 other -- as I sit here right now, that's  
10 another presentation that I recall.

11 Q. With that as a background, did  
12 you ask to see any documents in connection  
13 with your evaluation of materials to form  
14 your expert opinions in this case from OMAS  
15 or from anything else related to what you  
16 actually heard presented back in 2016?

17 MS. FLOWERS: Object to the  
18 form.

19 THE WITNESS: I didn't ask for  
20 new documents from OMAS. I am aware  
21 of the documents that are available on  
22 their website and am familiar with the  
23 data in Ohio.

24 Q. (BY MR. ALEXANDER) Did you

1       consider any OMAS data or documents for  
2       purposes of forming your opinions in this  
3       case?

4               A.       Just in general. I may have  
5       looked at the updated data from OMAS, not  
6       that in specific that I cited in the report.  
7       If I had cited it in the report, you would  
8       have that reference. But they do have data  
9       in -- on their website, and I am very  
10      familiar with their maps that were originally  
11      created when Orman Hall was the director of  
12      OMAS. And you may have seen the maps that  
13      turned red across the state as they look at  
14      the concentration of individuals being  
15      admitted to substance abuse treatment for  
16      opioid use disorders.

17              Q.       So if your expert report in  
18      this case doesn't cite any data from OMAS or  
19      analyses by OMAS, then you didn't look at  
20      them in connection with forming your opinions  
21      in this case; correct?

22                      MS. FLOWERS: Object to the  
23      form. Lack of foundation.

24                      THE WITNESS: I think

1           they're -- for me, they are in my mind  
2           because I am very aware of those data  
3           in this field. Anyone who's working  
4           in this field would be aware of those  
5           data.

6           Q.       (BY MR. ALEXANDER) Are you  
7           aware --

8           A.       I did not cite them  
9           specifically in this report. You probably  
10          have other experts that have.

11          Q.       Did you talk to anybody,  
12          Ms. Plouck or anybody else from OMAS, in  
13          connection with forming any of your opinions?

14          A.       I haven't talked to Ms. Plouck  
15          since she was at the last meeting of this  
16          executive committee.

17                    She's no longer the director.

18          Q.       And what year was that?

19          A.       I'm not sure when the last time  
20          was that I spoke to her. Probably 2017.  
21          Maybe 2018.

22          Q.       So the question was, in  
23          connection with forming your opinions for  
24          this case, did you talk to Ms. Plouck or

1 anybody else from OMAS?

2 A. I believe I've answered that  
3 no. I'm aware of their data and how I would  
4 access their data.

5 Q. Are you aware of any issues you  
6 have with their data where you think their  
7 data or their analysis as it's been published  
8 or appeared on their website is inaccurate or  
9 misleading in some form?

10 A. From --

11 MS. FLOWERS: Object to the  
12 form.

13 THE WITNESS: From OMAS?

14 Q. (BY MR. ALEXANDER) Yes.  
15 That's the question.

16 A. I'm aware of OMAS data and  
17 Medicaid data, and some minutia about  
18 Medicaid claims data. I'm aware of that.  
19 Those are not data that I relied on. Those  
20 are not data that I have access to. And  
21 they're not data that are represented in my  
22 report. They're not data that I relied on.

23 Q. Okay. So going back to that  
24 meeting in the spring of 2016 where you

1       presented, did you present with like a  
2       PowerPoint presentation? A slide deck?

3               A.       No. As I recall, it was a  
4       written report that there was not PowerPoint  
5       available. We spoke more like this. That  
6       there was a report, and it was much more of a  
7       dialogue with the senators.

8               Q.       Was there a name of that  
9       report?

10              A.       They are both on senate  
11       finance, and they are both on another  
12       committee, something to the effect of  
13       Homeland Security and government oversight.

14                      And for technical reasons,  
15       because it was a field hearing, they had to  
16       call the hearing for Homeland Security and  
17       government oversight. So it was a field  
18       hearing for them to have discussion with  
19       people from Ohio.

20                      So there was a report that I  
21       wrote specific to that hearing.

22              Q.       We have a written testimony  
23       that you gave before the United States Senate  
24       Committee on Finance called Examining the

1       Opioid Epidemic: Challenges and Opportunities  
2       from February 23rd, 2016. Is this the same  
3       presentation that you're talking about that  
4       you gave in Cleveland?

5               A.       No, it's not exactly the same.  
6       But it was after the February senate finance  
7       that Senator Portman and Senator Brown held  
8       this field hearing and asked me to go to  
9       Cleveland to also have a conversation with  
10      them in Cuyahoga County.

11             Q.       Do you know the name of  
12      whatever the report would have been from  
13      this, what you called field hearing?

14             A.       Again, I may not have the  
15      committee right. It was a field hearing of  
16      the senate government, Homeland Security and  
17      government oversight committee.

18             Q.       I'm asking about the report  
19      that you or your entity generated.

20             A.       It would have been similar name  
21      of opioids and child welfare. Similar name.

22             Q.       Did you keep a copy of that?

23             A.       In my records, I would have a  
24      copy. But it's available publicly because it

1 was a senate hearing, a field hearing.

2 Q. Did you get any feedback after  
3 your presentation from anybody at Cuyahoga or  
4 Summit County talking about the challenges  
5 they faced and whether any of the stuff that  
6 you were saying either was accurate in terms  
7 of their local experience or did not reflect  
8 their local experience?

9 A. I did not get feedback from  
10 anyone specific in Cuyahoga or Summit County  
11 that I recall.

12 Q. Have we exhausted the  
13 interaction that you've had with anybody at  
14 Cuyahoga County current or past in children  
15 or family services?

16 A. I believe that's right, yes.

17 Q. Same question goes for Summit  
18 County. I know that you said that in  
19 connection with this project through the Ohio  
20 Supreme Court that there have been periodic  
21 meetings and there had been someone from  
22 Summit present. Is there any additional  
23 contact that you've had with anybody current  
24 or past from Summit County Children's

1 Services that you were going to consider in  
2 connection with any of the opinions you  
3 intend to give in this case?

4 A. I believe that's right.

5 Now, my organization has 60  
6 employees, and other employees may have  
7 contact with those two counties. As I said,  
8 we keep track of all of the technical  
9 assistance that we provide, so -- but me  
10 personally, those are the contacts that I  
11 would routinely have with Summit County  
12 because of the SSIP.

13 Q. I want to make sure we're clear  
14 because I'm not asking about routine contact.  
15 I'm asking about any contact you've had with  
16 Summit County that related to children's  
17 services that you intend to rely on in any  
18 way for any opinions that you would give in  
19 the trial of this case. Have we covered it  
20 all?

21 MS. FLOWERS: Object to the  
22 form.

23 THE WITNESS: I believe we've  
24 covered it all.



1 MR. ALEXANDER: Okay.

2 Q. (BY MR. ALEXANDER) And in  
3 terms of your staff, whatever your 60-person  
4 staff may know from their interaction of  
5 Summit County, you would only be relying on  
6 what you've actually been made aware of from  
7 those interactions; correct?

8 MS. FLOWERS: Object to the  
9 form. Lack of foundation.

10 THE WITNESS: Yes, that's  
11 correct.

12 Q. (BY MR. ALEXANDER) And are you  
13 aware of anything that your staff has told  
14 you about interaction with Cuyahoga or Summit  
15 County that you're relying on?

16 A. Only what I've told you.  
17 I think it's a good time for a  
18 break.

19 MR. ALEXANDER: Can I just  
20 ask -- actually, that's fine. We can  
21 take a break. It's getting warm.

22 THE VIDEOGRAPHER: We are now  
23 going off the record. And the time is  
24 9:58 a.m. Don't forget to take off

1                   your microphone.

2                                 (Recess taken, 10:00 a.m. to  
3                   10:18 a.m.)

4                   THE VIDEOGRAPHER: I rebooted.  
5                   If there is no sound I'll have to fix  
6                   at lunch. I don't know what the  
7                   problem is. We are now going back on  
8                   the record and the time is 10:17 a.m.

9                   Q.         (BY MR. ALEXANDER) Dr. Young,  
10                  is there any of your testimony thus far you  
11                  need to change or supplement in any way?

12                  A.         No, there is not.

13                  Q.         Have you understood the process  
14                  so far as a first timer?

15                  A.         Yes. I do.

16                  Q.         And what about the situation  
17                  here? Is there anything about the physical  
18                  environment that's affecting your ability to  
19                  testify fully and accurately?

20                  A.         No, there is not.

21                  Q.         Let's go back to some of the  
22                  things we were talking about before the  
23                  break.

24                                 We were talking about the

1       spring 2016 meeting in Cuyahoga County, where  
2       you presented some additional presentations.

3                       Do you know any of the details  
4       of the actual individual who you described as  
5       having overdosed in connection with a  
6       discussion you heard from his father?

7               A.       The only detail I know is what  
8       his father talked about at that hearing.

9               Q.       Do you know what the actual  
10      like medical facts are, the actual  
11      prescription history, history of addiction  
12      before or after what his father mentioned,  
13      any of those sorts of facts?

14                   MS. FLOWERS: Object to the  
15      form.

16                   THE WITNESS: His father told  
17      the story of his son having his wisdom  
18      teeth pulled, and being given a  
19      prescription for opioids, and his son  
20      overdosing.

21                   Because I do remember that his  
22      son was in the military, because he  
23      was going to be deployed to the Middle  
24      East, and he overdosed.

1 Q. (BY MR. ALEXANDER) So you only  
2 know what the father said at that meeting?

3 A. Yes. That's correct.

4 Q. Do you intend to offer any  
5 testimony based upon what you heard the  
6 father say about his son at that meeting?

7 MR. PENDELL: Objection, form.

8 THE WITNESS: No, I do not.

9 Q. (BY MR. ALEXANDER) Do you hold  
10 yourself out as an expert on addiction?

11 A. I am an expert on the public  
12 policy issues related to addiction, and  
13 particularly as it affects children of  
14 parents with substance use disorders, yes.

15 Q. So in connection with the  
16 report that you have in front of you, that  
17 we've -- the reformatted version of the one  
18 we got at the end of March, did you attempt  
19 to set forward all of the opinions that you  
20 would express at trial?

21 A. Did I attempt to do that, yes.

22 Q. And even though it was your  
23 first time doing it, do you think you  
24 succeeded in setting forth all of the

1       opinions you would offer at trial?

2               A.       I believe I did, yes.

3               Q.       Are you aware of any additional  
4       opinions that you have as you sit here today  
5       that you would offer at trial if called but  
6       are not included in your expert report?

7               A.       I'm not aware of anything. Of  
8       course there's always new data that becomes  
9       available.

10              Q.       Sure.

11                      So I asked you about addiction.  
12       Let me ask it this way.

13                      Do you hold yourself out as an  
14       expert in addiction medicine?

15              A.       I am not an addiction medicine  
16       certified physician. No, I am not.

17              Q.       You're not a physician at all;  
18       correct?

19              A.       I am not a physician. My Ph.D.  
20       is in social policy.

21              Q.       And you hold -- do not hold  
22       yourself out as an expert in any medical  
23       specialty or subspecialty; correct?

24              A.       No. As I said, I'm not a

1 physician. I'm a Ph.D. in social policy.

2 Q. So, ma'am, I'm not sure if  
3 there's a disconnect here. I asked if that  
4 was correct and you said no. It is correct  
5 that you do not hold yourself out as an  
6 expert in any medical specialty or  
7 subspecialty.

8 A. It is correct that I am not a  
9 physician.

10 Q. So do you intend to offer the  
11 opinion at trial that there is some sort of  
12 progression explained by something about  
13 neuropharmacology or other aspects of  
14 addiction medicine that would lead somebody  
15 to progress from short-term use of a  
16 prescription pain medication to being  
17 addicted to heroin or another illicit opioid  
18 or opiate?

19 MS. FLOWERS: Object to the  
20 form, lack of foundation.

21 MR. PENDELL: Also compound.

22 THE WITNESS: That's outside of  
23 the scope of my report and what I was  
24 asked to do.

1                   Of course I do understand that.

2                   Q.           (BY MR. ALEXANDER)   Well, I'm  
3           asking about the expert opinions you intend  
4           to offer at trial.   When you say it's outside  
5           of the scope of your report and what you were  
6           asked to do, when something is outside of the  
7           scope of what you were asked to do and what  
8           you've set forth in your report, it would  
9           mean that's not an opinion you would offer at  
10          trial; correct?

11                   MS. FLOWERS:   Object to the  
12          form.

13                   THE WITNESS:   I believe that  
14          those are the ways that these things  
15          work.

16                   Q.           (BY MR. ALEXANDER)   So I think  
17          in a little bit we'll go over what you're not  
18          doing which will help to shorten up things.  
19          Does that make sense?   The expert opinions  
20          that you will not offer.

21                   A.           If you'd like to go at it that  
22          way, I can go at it that way.

23                   Q.           Great.   So have you heard of  
24          something described as the gateway concept of

1       addiction. That somebody might progress from  
2       one drug or one substance of abuse to another  
3       substance of abuse?

4               A.       Yes, a longstanding theory,  
5       yes.

6               Q.       And even though you may have  
7       read literature describing that, that is not  
8       an area where you yourself are offering any  
9       expert opinions; correct?

10              A.       It is outside of the scope of  
11       what I was asked to do.

12              Q.       And what briefly were you asked  
13       to do from the plaintiffs' lawyer,  
14       Ms. Dickinson, who retained you originally?

15                      MS. FLOWERS: Object to the  
16       form, lack of foundation.

17                      THE WITNESS: I was asked to  
18       offer my opinions on the impact of the  
19       opioid epidemic on child welfare and  
20       to provide my opinion on reasonable  
21       remedies to that situation in Cuyahoga  
22       and Summit Counties.

23              Q.       (BY MR. ALEXANDER) And in  
24       connection with doing the second part of



1       that, you didn't actually talk to anybody who  
2       works at Cuyahoga and Summit County to form  
3       any of the opinions about what would be  
4       reasonable to do; correct?

5                       MS. FLOWERS: Object to the  
6       form, asked and answered.

7                       THE WITNESS: No, I relied on  
8       my 25-year experience as well as all  
9       of the other things that are embedded  
10      in my report.

11              Q.       (BY MR. ALEXANDER) Has the  
12      scope of your engagement, what you were asked  
13      to do, changed at all since you were  
14      initially retained?

15              A.       No, it hasn't.

16              Q.       In any of the meetings or  
17      conversations you've had with the plaintiffs'  
18      lawyers, prior to finalizing your report on  
19      or about March 25th of 2019, were there  
20      additional subjects that you were asked to  
21      cover?

22                      And I'm not asking about the  
23      specifics of your conversations, I'm asking  
24      about the scope of your engagement.

1 MS. FLOWERS: I just have to  
2 give the witness the same counsel that  
3 I did before. You can answer the  
4 question to the extent that you don't  
5 divulge any subject that we talked  
6 about substantively with respect to  
7 your prep.

8 THE WITNESS: I was not asked  
9 to expand the scope of my report.

10 Q. (BY MR. ALEXANDER) Were there  
11 any documents or data sources you asked to  
12 review that you didn't get from the  
13 plaintiffs' lawyers?

14 A. No, there were not.

15 Q. Were there any documents or  
16 data sources you or your staff attempted to  
17 get, not through the plaintiffs' lawyers, but  
18 were unable to get?

19 MS. FLOWERS: Object to the  
20 form.

21 THE WITNESS: No, there were  
22 not.

23 Q. (BY MR. ALEXANDER) Were there  
24 any subjects or areas of analysis that you

1 weren't able to complete by March 25th, but  
2 plan to address between now and the time of  
3 trial?

4 A. No, there were not.

5 Q. How many times have you met  
6 with the plaintiffs' lawyers since you were  
7 initially approached?

8 A. In person or on the phone?

9 Q. Both.

10 A. In person, I have met with  
11 Jodi, I believe three times, and on the phone  
12 for periodic conversations, I believe twice  
13 related to prep.

14 Q. And are those part of the 100  
15 or so hours you described that went into your  
16 work prior to signing your report?

17 A. Yes, that's correct.

18 Q. And is there some additional  
19 amount of time that you've spent since you  
20 signed your report, leading up to the  
21 deposition?

22 A. Oh, I'm sorry. I may have  
23 misunderstood your question. Could you ask  
24 your question again, the previous one, about

1 the time period?

2 Q. Sure. The total that you gave  
3 before, about how much time you and your  
4 staff collectively and then how much of that  
5 was you, was spent before doing your report.  
6 Do you remember that testimony?

7 A. Yes.

8 Q. Okay. Did that include any  
9 meetings that you had with the plaintiff  
10 lawyers?

11 A. No. Only phone calls and  
12 e-mails. Primarily e-mail.

13 Q. So all of your in-person  
14 meetings with the plaintiffs' lawyers have  
15 been since March 25th?

16 A. Yes. That's correct.

17 Q. How much time have you spent  
18 since March 25th, including the meetings with  
19 the plaintiffs' lawyers and anything else you  
20 did to get ready for the deposition?

21 A. Those are the days that I just  
22 mentioned. Those were after the report.

23 Q. The question was how much time  
24 total, ma'am.

1           A.       I believe I just answered that.

2           Q.       How much time total have you  
3 spent since March 25th to get ready for your  
4 deposition?

5           A.       Could we read back what I just  
6 said, please?

7           Q.       Mine doesn't work. So I can't  
8 read it back. Are you asking the court  
9 reporter?

10                   Go ahead, please.

11       (Whereupon, the following testimony  
12 was read by the court reporter.)

13               "Answer: Those are the days that I  
14 just mentioned. Those were after the report.  
15 (End of readback.)

16                   THE WITNESS: And the number of  
17 days?

18                   MS. FLOWERS: It says, "In  
19 person, I met with Jodi, I believe  
20 three times, and on the phone for  
21 periodic conversations, I believe  
22 twice related to prep."

23           Q.       (BY MR. ALEXANDER) My question  
24 was how much total time have you spent in

1 meetings or other preparation since  
2 March 25th?

3 A. Let's see. The phone calls,  
4 the first one was, I believe, an hour and a  
5 half.

6 The second one was two hours.  
7 And there was a half day that I mentioned  
8 just recently that was in Cleveland. And  
9 then two days here. So I don't know exactly  
10 those hours, but they weren't full workdays,  
11 but pretty much full workdays. So would you  
12 like me to add up those hours?

13 Q. No.

14 A. Okay.

15 Q. I already did it.

16 A. Thank you. So...

17 Q. So other than the calls and  
18 in-person meetings with the lawyers since  
19 March 25th, have you done anything else to  
20 prepare for the deposition?

21 A. Yes, in fact, I did.

22 I reread my report. I believe  
23 twice. I went to the methodology section and  
24 reread the methodology section of the ASPE

1 report. And that's the Assistant Secretary  
2 for Planning and Evaluation report.

3 Q. That's the one where the lead  
4 author is Radel, R-A-D-E-L?

5 A. Yes. That's Radel.

6 Yes, I read the methodology  
7 section of that report. And I pulled the  
8 summaries of the regional partnership grants  
9 from those six regional partnership grants,  
10 and scanned those so that I would have a  
11 general sense of what their programs were.

12 Q. So the additional preparation  
13 that was involved with meetings or calls with  
14 the plaintiffs' lawyers, how much time has  
15 that been since March 25th?

16 A. Well, let's see. I started  
17 last Thursday, so that would probably have  
18 been not full days, but Thursday, Friday, and  
19 part day Saturday.

20 Excuse me.

21 Q. Do you have water, ma'am?

22 A. I do. I do have water, yes.

23 Thank you.

24 Q. Okay. So another, what,

1 15 hours or so in addition to whatever you  
2 spent on the meetings and calls?

3 A. Yes, I believe that's right.

4 Q. And what about your staff? Has  
5 your staff done any additional work to help  
6 you get ready for your deposition? Dr. Yan,  
7 Ms. Balkey, anybody else?

8 A. No.

9 Q. And even though Ms. Balkey  
10 works in Ohio, she hasn't provided you  
11 information specific to interaction with  
12 Cuyahoga or Summit County children or family  
13 services groups; correct?

14 MS. FLOWERS: Object to the  
15 form.

16 THE WITNESS: Actually, I did  
17 text Alexis on Saturday, and asked her  
18 if she knew what the current capacity  
19 in Summit County was of the family  
20 treatment court, and she said that she  
21 wasn't current and she didn't know.

22 Q. (BY MR. ALEXANDER) Okay. So  
23 sitting here today, you don't know the answer  
24 to the current capacity of the Family



1 Treatment Court in Cuyahoga County; correct?

2 MS. FLOWERS: Object to the  
3 form. Lack of foundation.

4 THE WITNESS: To be 100 percent  
5 certain I would have to ask what the  
6 current count is. It is generally  
7 around 30 parents.

8 Q. (BY MR. ALEXANDER) What about  
9 Summit County? Do you know what the current  
10 capacity is in Summit County as you sit here  
11 today?

12 A. Similarly, it is about 30  
13 parents.

14 Q. The meetings that you've had  
15 with the plaintiffs' lawyers, has there been  
16 anybody present at any of those meetings  
17 other than a lawyer?

18 MS. FLOWERS: Objection, asked  
19 and answered.

20 Q. (BY MR. ALEXANDER) Any of the  
21 meetings you've had, not just the one you've  
22 talked about.

23 MS. FLOWERS: Same objection.

24 THE WITNESS: It's been with

1 Jodi's team.

2 Q. (BY MR. ALEXANDER) Has there  
3 been a non-lawyer present?

4 MS. FLOWERS: Objection, asked  
5 and answered.

6 THE WITNESS: To be honest, I  
7 don't know if they're lawyers.

8 Q. (BY MR. ALEXANDER) Okay. So  
9 you mentioned or we mentioned Dr. Wexelblatt  
10 earlier, that you reviewed, I guess, skimmed  
11 his deposition that he gave a couple of weeks  
12 ago? Correct?

13 A. Yes, that's correct. I skimmed  
14 his deposition.

15 Q. And you asked for that by name  
16 because you were aware of his work in  
17 neonatal abstinence syndrome?

18 A. Yes, I was aware that they and  
19 one other community in the country are doing  
20 universal screening. That was why I didn't  
21 rely on his deposition for my report. That  
22 was subsequent to the report.

23 Q. Right. For your report, did  
24 you consider any of the reports of any of the

1       plaintiffs' experts?

2               A.       No, I did not.

3               Q.       Since you did your report, have  
4       you reviewed any of the expert reports of any  
5       of the plaintiffs' experts?

6               A.       No, I have not.

7               Q.       Have you had any communications  
8       or other interaction with any of the  
9       plaintiffs' experts?

10              A.       No, I have not.

11              Q.       Do you understand if  
12       Dr. Wexelblatt is an expert in the field of  
13       neonatal abstinence syndrome?

14              A.       I do understand that he's an  
15       expert in that field, but I know several  
16       others also, yes.

17              Q.       Are you yourself an expert in  
18       neonatal abstinence syndrome in terms of how  
19       to treat it, how to mitigate its effects,  
20       anything like that?

21                      MR. PENDELL:  Objection, form.

22                      THE WITNESS:  I know the public  
23       policy issues related to NAS and I  
24       know the ways in which NAS is treated.

1 I am not a clinician to prescribe to  
2 treat any one individual infant who is  
3 going through withdrawal.

4 Q. (BY MR. ALEXANDER) Do you hold  
5 yourself out as an expert in some aspect of  
6 neonatal abstinence syndrome, other than the  
7 public policy aspects of it?

8 A. There are specifics related to  
9 the policy that I am an expert in.

10 Q. So it's some of the public  
11 policy aspects, but not all?

12 A. No, I'm pretty much an expert  
13 in all the policy about NAS and infants with  
14 prenatal exposure.

15 Q. Are there any areas in which  
16 you would defer to Dr. Wexelblatt as an  
17 expert in something related to NAS?

18 MS. FLOWERS: Object to the  
19 form.

20 THE WITNESS: In -- in this  
21 case, I believe that the attorneys  
22 would be deferring to Dr. Wexelblatt.  
23 There are other experts in my practice  
24 or in my work that I would also be

1           deferring to.

2           Q.       (BY MR. ALEXANDER)   Okay.   I  
3       didn't ask anything about attorneys.   I'm  
4       asking about you.   Are there areas where you  
5       would defer to Dr. Wexelblatt on something  
6       relating to NAS?

7           A.       Certainly.   The clinical  
8       treatment of an individual infant.

9           Q.       Is that the extent of it?

10          A.       I think that's a hypothetical  
11       that I don't really know what you're trying  
12       to ask me.   There are aspects of how to  
13       treat, if you will, an infant, about what  
14       happens at the hospital and after the  
15       hospital that I am an expert on that I  
16       wouldn't rely on Dr. Wexelblatt for.

17          Q.       What about what the best  
18       practices are in terms of screening for and  
19       treating NAS?   Would you defer to  
20       Mr. Wexelblatt on that?

21          A.       Yes, but I also am very current  
22       on the ways in which Yale is piloting and  
23       there are a group in several different  
24       locations in the country that are doing

1 revised Finnegan scales and working on eat,  
2 sleep, console types of measures that I also  
3 am very familiar with.

4 I am not putting those kinds of  
5 practices in place in hospitals, but I am  
6 certainly monitoring those groups and what  
7 they're doing, and am in communication with  
8 those physicians.

9 Q. So what about Dr. Wexelblatt's  
10 testimony on factors that have driven the  
11 rise of NAS in certain parts of the country?

12 Or the difficulties of  
13 assessing the true incidence of NAS? Would  
14 you defer to him on subjects like that?

15 MR. PENDELL: Object to the  
16 form.

17 THE WITNESS: Certainly he  
18 knows the issues in Ohio better than  
19 anyone else.

20 Q. (BY MR. ALEXANDER) Okay. Are  
21 there any other areas about NAS that you  
22 would defer to Dr. Wexelblatt about?

23 A. Certainly the issues about how  
24 he is setting up the attempts to address NAS

1 in other communities. He's certainly the  
2 expert.

3 (Whereupon, Mr. Stewart joined  
4 the deposition.)

5 Q. (BY MR. ALEXANDER) Are there  
6 any other medical doctors who specialize in  
7 NAS anywhere in the country who you defer to  
8 on any subject other than the individual  
9 clinical care of an individual patient?

10 MS. FLOWERS: Object to the  
11 form.

12 THE WITNESS: Are you asking me  
13 who the other experts are in the  
14 country on NAS who I have  
15 conversations with about these issues?

16 Q. (BY MR. ALEXANDER) No, that  
17 wasn't my question.

18 A. Could you repeat your question,  
19 then?

20 Q. I've been asking you about  
21 whether you defer to Mr. Wexelblatt on any  
22 specific subjects that are addressed in his  
23 testimony that you've now received, which is  
24 largely related to neonatal abstinence

1       syndrome.

2                   I said are there any  
3       specialists in the neonatal abstinence  
4       syndrome who you would defer to on anything  
5       about neonatal abstinence syndrome other than  
6       how to care for individual patients?

7                   MS. FLOWERS: Object to the  
8       form.

9                   THE WITNESS: I think there are  
10       two parts to your question. Let me  
11       try it this way.

12                   The clinical treatment of NAS,  
13       I would absolutely defer to a medical  
14       doctor, which Dr. Wexelblatt is.

15                   The post-hospital treatment,  
16       not the clinical treatment, the  
17       connection to child welfare and the  
18       services that are needed in the  
19       community, I would defer to myself.

20                   Q.       (BY MR. ALEXANDER) Okay. So  
21       between clinical treatment of the patient in  
22       the hospital and the social services area  
23       where you say you are an expert, is there any  
24       other area relating to NAS, including its



1 causes, its prevalence, anything like that,  
2 where you would defer to Dr. Wexelblatt or  
3 some other specialist who happened to be a  
4 medical doctor?

5 MS. FLOWERS: Object to the  
6 form.

7 THE WITNESS: Yes, there are  
8 other physicians, including  
9 Mr. Wexelblatt about the specific  
10 prevalence, that are doing research on  
11 prevalence that I would defer to.

12 Q. (BY MR. ALEXANDER) So you  
13 haven't yet reviewed Mr. Wexelblatt's  
14 testimony; correct?

15 A. I have skimmed the first part.  
16 I did not finish it.

17 Q. Do you know sitting here today  
18 if you disagree with any of the testimony  
19 that he gave on any issue?

20 A. No, I do not.

21 Q. So are you -- have you asked  
22 for or received any testimony from any of the  
23 other plaintiffs' experts?

24 A. No, I have not.

1           Q.       What about their reports? Have  
2       you asked to see anybody's report?

3                   MS. FLOWERS: Objection, asked  
4       and answered.

5                   THE WITNESS: No, I have not.

6           Q.       (BY MR. ALEXANDER) What about  
7       the defense experts? Do you know the names  
8       of any of the defense experts who have been  
9       named?

10          A.       No, I do not.

11          Q.       And have you --

12          A.       Oh, let me back up. Because we  
13       had to make available the data sets, there  
14       was an e-mail who we put on a Dropbox, and  
15       that was -- I don't remember the name, but I  
16       assume that is who the expert is that was  
17       going to analyze the data sets. So -- but I  
18       don't know who that is.

19          Q.       It's somebody from an entity  
20       called Alvarez & Marsal. Is that what you're  
21       talking about?

22          A.       I believe that's right.

23          Q.       And we'll talk about the data  
24       in a little bit. So let's go back to where

1 we were. In terms of the expert reports that  
2 have been written by defense experts and  
3 served on the plaintiffs, have you been made  
4 aware of anything about them, their content,  
5 who the people are, what subjects they cover,  
6 what expertise might be present among the  
7 defense experts, that's maybe not present  
8 among the plaintiffs' experts, anything like  
9 that?

10 MS. FLOWERS: Objection.

11 MR. PENDELL: Objection.

12 THE WITNESS: Not that I  
13 recall.

14 Q. (BY MR. ALEXANDER) Is that  
15 something you intend to do, review any of the  
16 defense experts' reports or testimony?

17 A. I may, if I'm asked to.

18 Q. I just meant you. Do you,  
19 Dr. Young, intend to review any additional  
20 reports or deposition testimony at all from  
21 any expert or any fact witness on either  
22 side?

23 MS. FLOWERS: Objection, asked  
24 and answered.

1 THE WITNESS: I don't intend  
2 to.

3 Q. (BY MR. ALEXANDER) Do you have  
4 any additional analyses that you intend to  
5 have Dr. Yan or any of your staff perform?

6 A. No, I do not.

7 Well, let me go back one  
8 second. It depends on how long this takes.  
9 The new AFCARS data set generally comes out  
10 in January of each year. So if this goes  
11 through January, we would want to add the  
12 2018 data to any of those reports.

13 Q. And did you obtain the AFCARS  
14 data through NDACAN directly? Or did the  
15 plaintiffs' lawyers have anything to do with  
16 that?

17 A. Oh, no. We are -- we get that  
18 every year.

19 Q. And the RPG data, that's also  
20 something that you and your staff already had  
21 anyway?

22 A. The RPG 1 data is data that we  
23 collected. We already had.

24 Q. Did you ask for any data sets

1 to be obtained through plaintiffs, including  
2 data that might be maintained by Cuyahoga or  
3 Summit County or Ohio?

4 A. No, we did not.

5 Q. The recommendations at the  
6 latter part of your report.

7 A. Yes.

8 Q. Is there anywhere where you've  
9 set out in more detail actual plans of what  
10 you think Cuyahoga and/or Summit County  
11 should be doing different than what they're  
12 already doing?

13 A. No. Not at this point.

14 Q. Is that something that's in the  
15 works?

16 A. Not that I'm aware of.

17 Q. Do you know the details of  
18 what's already going on in Cuyahoga County in  
19 terms of any of the subjects addressed in  
20 your report?

21 A. No, I do not.

22 Q. Do you know in detail what's  
23 already going on in Summit County in terms of  
24 any of the details addressed in your report?

1           A.       No, I do not.

2           Q.       Do you know, as you sit here  
3       today, the history of what's been done in  
4       terms of children and family services or any  
5       adjustments to budgeting, staffing, policies,  
6       procedures, because of anything relating to  
7       substance abuse?

8                   MS. FLOWERS: Object to the  
9       form.

10                  THE WITNESS: I think I need  
11       you to break that into separate parts.

12                  MR. ALEXANDER: I'm happy to do  
13       so.

14           Q.       (BY MR. ALEXANDER) I will tell  
15       you the key word there is history. The  
16       history. So if we look at Cuyahoga County,  
17       let's say, did you know that for children and  
18       family services that there was a major  
19       slashing of the budget and staffing in the  
20       late 2008, early 2009 period and that  
21       staffing levels in Cuyahoga County Children  
22       and Family Services through the end of 2018  
23       were still below 2008 levels? Did you know  
24       that?

1 MS. FLOWERS: Object to the  
2 form, lack of foundation.

3 THE WITNESS: The only part of  
4 that -- well, let me -- I'm sorry,  
5 could you restate, was that specific  
6 to staff or to budget?

7 Q. (BY MR. ALEXANDER) I was  
8 talking about staffing levels.

9 A. Okay. The part that I know of  
10 that was specific to the START program. And  
11 I know that the START program decreased their  
12 number of family advocates in about five --  
13 2008.

14 And I knew that because I keep  
15 up on what's going on in the field.

16 Q. Okay. So when you say a family  
17 advocate, part of the START concept is that  
18 there are people who personally have a  
19 history of an addiction who are retained and  
20 can act as a liaison with families going  
21 through substance abuse issues in connection  
22 with whatever social services they're  
23 consuming; correct?

24 MS. FLOWERS: Object to the

1 form.

2 THE WITNESS: They're a person  
3 who is either a person in recovery or  
4 they have a family member who is a  
5 person in recovery who acts as a  
6 family advocate who is paired with a  
7 social worker, that's correct.

8 Q. (BY MR. ALEXANDER) And is your  
9 general understanding that there used to be  
10 about 25 of those in Cuyahoga County and it  
11 was dropped to about three for most of the  
12 period that we're talking about since 2008?

13 A. My understanding is that the --  
14 there were four, and that more recently they  
15 have hired back the family advocates.

16 Q. But not to prior levels that  
17 they were in 2008?

18 MS. FLOWERS: Object to the  
19 form, lack of foundation.

20 THE WITNESS: I don't know that  
21 number.

22 Q. (BY MR. ALEXANDER) So when you  
23 received the three depositions we talked  
24 about, Barnes, Weiskittel and Cabot, did you



1 pay attention to all aspects of their  
2 testimony even if it wasn't helpful for  
3 plaintiffs' case?

4 MS. FLOWERS: Object to the  
5 form.

6 THE WITNESS: It was the first  
7 time for me to read depositions, and  
8 they're rather challenging to get  
9 through. So, yes, I paid attention  
10 best I could.

11 Q. (BY MR. ALEXANDER) Did you  
12 like -- who was asking the questions, like  
13 that level of detail?

14 A. I'm sorry, could you repeat  
15 that.

16 Q. When you read them, did you  
17 look at like who was asking the question,  
18 which side the questioner was on, who they  
19 were. Did you pay attention to that?

20 A. I didn't pay attention to who  
21 the name was of the questioner, no, I didn't.

22 Q. So let me ask you this in  
23 general about being an expert. As an expert  
24 witness, even though it's your first time, do

1       you understand that your role is not to  
2       advocate for the party that represented -- or  
3       retained you, but to provide an accurate and  
4       fair representation of your own expertise as  
5       it pertains to the issues in the case?

6                   MS. FLOWERS: Object to the  
7                   form.

8                   THE WITNESS: I understand that  
9                   as my -- a researcher in the field,  
10                  that is what I understand, yes. And  
11                  as an expert in this case, yes.

12                  Q.       (BY MR. ALEXANDER) So like  
13                  when you did your expert report, you would  
14                  want to include statements that were helpful  
15                  to plaintiffs' case and statements that were  
16                  not helpful to plaintiffs' case if you  
17                  thought that they were accurate; correct?

18                  MS. FLOWERS: Object to the  
19                  form. Lack of foundation.

20                  THE WITNESS: I -- yes. I can  
21                  say yes, I would want to include  
22                  statements both ways. I don't believe  
23                  I found any statements that were  
24                  endorsing the proliferation of drugs

1 in communities.

2 Q. (BY MR. ALEXANDER) When you  
3 say endorsing the proliferation of  
4 prescription drugs in communities?

5 A. Yes.

6 Q. Do you intend to offer any  
7 opinions at trial as to why there have been  
8 increases in any metric of abuse at any point  
9 in time in Cuyahoga and Summit County?

10 MS. FLOWERS: Object to the  
11 form.

12 THE WITNESS: That's outside of  
13 the scope of my report. And I think  
14 that's my experience and knowledge  
15 about what has gone on in many  
16 communities around our country.

17 Q. (BY MR. ALEXANDER) So no, you  
18 don't intend to offer any opinions at trial  
19 about the reasons for the increase in any  
20 type of substance abuse in Cuyahoga or Summit  
21 County to any point of time; correct?

22 MS. FLOWERS: Object to the  
23 form.

24 THE WITNESS: That's outside of

1 the scope of what I was asked to do.

2 Q. (BY MR. ALEXANDER) So you're  
3 not going to do it?

4 MS. FLOWERS: Object to the  
5 form.

6 THE WITNESS: That's correct.

7 Q. (BY MR. ALEXANDER) And you're  
8 not offering any opinions about the conduct  
9 of any of the defendants in the case;  
10 correct?

11 A. No. That wouldn't be my area  
12 of expertise.

13 Q. So correct, you're not going to  
14 do it?

15 MS. FLOWERS: Object to the  
16 form.

17 THE WITNESS: So correct.

18 Q. (BY MR. ALEXANDER) Do you know  
19 the names of any of the defendants?

20 A. I know some of the names of the  
21 defendants, yes.

22 Q. I saw that one of the things  
23 that you reviewed was one of the versions of  
24 one of the complaints for either Cuyahoga or

1 Summit County. In connection with reviewing  
2 the complaint, did you see various  
3 allegations in there about what specific  
4 defendants were alleged to have done wrong to  
5 have -- what they did or what they failed to  
6 do that the plaintiffs had some issue with?

7 A. Yes, did I see that.

8 Q. And you're not the person who  
9 will testify at trial about whether any of  
10 those allegations are correct or incorrect as  
11 they relate to the conduct of any defendant?

12 A. That is correct.

13 Q. And in terms of what standards  
14 apply to the conduct of any of the  
15 defendants, whether they be FDA standards,  
16 DEA standards, or any other standard that  
17 might govern their conduct, you're not the  
18 one to say what the standards of conduct are;  
19 correct?

20 A. That is correct.

21 Q. And in terms of whether  
22 anything the defendants did or didn't do  
23 caused or contributed to anything about the  
24 opioid epidemic or opiate crisis, however you

1       may term it, that's also not anything you're  
2       going to address; correct?

3               A.       That is correct.

4               Q.       In terms of whether anything  
5       the defendants did or didn't do essentially  
6       increased the cost of Cuyahoga or Summit  
7       County in regards to anything relating to  
8       substance abuse, that is also not an area  
9       where you'll be offering expert opinions;  
10      correct?

11              A.       I am not an expert on the cost  
12      to the County broadly. I do understand the  
13      cost in children's services, although I  
14      haven't been asked, nor would I offer  
15      expertise on the cost of specific cases or  
16      increased cases in children's services  
17      related to the -- to opioids in the  
18      community.

19              Q.       Your expert report doesn't  
20      address costs at all.

21              A.       That is correct.

22              Q.       Therefore you're not going to  
23      be offering any opinions that talk about past  
24      costs or future costs associated with any

1 social services or aspect of remediating any  
2 problem with substance abuse; correct?

3 MS. FLOWERS: Object to the  
4 form. Asked and answered.

5 THE WITNESS: That is correct.

6 Q. (BY MR. ALEXANDER) And you're  
7 not offering any kind of opinions about how  
8 costs or damages should be allocated among  
9 the defendants or any group of defendants  
10 based upon any analysis or opinions you hold.

11 MS. FLOWERS: Same objection.

12 THE WITNESS: That is correct.

13 Q. (BY MR. ALEXANDER) You're not  
14 actually -- do you call it the opioid crisis?  
15 The opiate epidemic? What words do you use  
16 to describe the issue of the problems in  
17 society that have been related to increasing  
18 abuse of drugs like heroin and fentanyl?

19 MS. FLOWERS: Object to the  
20 form. Lack of foundation.

21 THE WITNESS: The opioid  
22 epidemic.

23 Q. (BY MR. ALEXANDER) Okay. So  
24 using that term as you use it, do you intend

1 to offer any testimony about the causes of  
2 the opioid epidemic?

3 A. No, I wouldn't be testifying to  
4 the causes of the opioid epidemic.

5 Q. Are you going to testify to the  
6 causes of what drives substance abuse of any  
7 substance in the United States or  
8 specifically Cuyahoga and Summit County?

9 MS. FLOWERS: Object to the  
10 form.

11 THE WITNESS: No. That is  
12 outside of the scope of what I was  
13 asked to report on.

14 Q. (BY MR. ALEXANDER) Is that  
15 also beyond your expertise, ma'am?

16 A. I have a great deal of  
17 knowledge about that, but that is not what I  
18 was asked to report on, nor do I believe I  
19 would be the expert that would be asked to  
20 testify about that. There are other experts,  
21 I believe, that the plaintiffs would call for  
22 that.

23 Q. So we've talked about neonatal  
24 abstinence syndrome. You've also used the



1 term neonatal opiate withdrawal, NOW? That's  
2 in one of your footnotes. You say a lot of  
3 clinicians get those wrong, but you really  
4 think NOW is the right word? Or acronym? Is  
5 that right?

6 MS. FLOWERS: Object to the  
7 form. Misstates the report.

8 THE WITNESS: Would you like me  
9 to explain that?

10 Q. (BY MR. ALEXANDER) I want to  
11 make sure I'm using the right acronyms when I  
12 ask you substantive questions. Do you prefer  
13 NAS or NOW?

14 A. We can use the term NAS.  
15 That's sort of the generic term. I do a fair  
16 amount of writing for the federal government,  
17 and when I'm writing for the federal  
18 government, the federal government would like  
19 me to be precise when I'm speaking or  
20 writing, rather, specific to opioid  
21 withdrawal, versus the broader category of  
22 any abstinence syndrome, which would include  
23 any kind of substance that the infant was  
24 exposed to. But it is generally referred to

1 as neonatal abstinence syndrome.

2 Q. Focusing on neonatal abstinence  
3 syndrome for Cuyahoga and Summit County  
4 individually or collectively, do you intend  
5 to offer any opinions about the prevalence of  
6 that condition in those counties over time?

7 A. No, I do not.

8 Q. Do you intend to offer any  
9 opinions about the various factors that have  
10 driven any changes over time in the  
11 prevalence of NAS in Cuyahoga and/or Summit  
12 County?

13 A. No, I do not.

14 Q. Do you intend to offer any  
15 opinions about the costs associated with any  
16 changes in neonatal abstinence syndrome in  
17 those counties over time?

18 MS. FLOWERS: Objection, asked  
19 and answered.

20 THE WITNESS: No, I do not.

21 Q. (BY MR. ALEXANDER) Do you know  
22 when data is included in your report that  
23 talks about NAS, the portion of NAS cases  
24 that are related to the use of prescription

1       opioids by a mother who is obtaining the  
2       prescription opioids pursuant to a  
3       prescription written for her?

4                       MS. FLOWERS: Object to the  
5       form.

6                       THE WITNESS: No, I do not.

7               Q.       (BY MR. ALEXANDER) I can  
8       expand more generally. For any of the  
9       measures of substance abuse or opioid use  
10      syndrome, any of these metrics of basically  
11      abuse of opioids, can you break it up by the  
12      percentage of that that actually involved  
13      people abusing opioids where they've obtained  
14      them legally pursuant to a prescription  
15      written for them at the time?

16                      MS. FLOWERS: Object to the  
17      form, lack of foundation.

18                      THE WITNESS: At this point in  
19      time, those data are not available.

20                      I believe going forward those  
21      data would be available, and I believe  
22      that there are certain hospitals and  
23      centers that are trying to  
24      differentiate that, particularly the

1           prescriptions for methadone  
2           apomorphine, versus heroin.

3                   But I don't have those data.

4           Q.       So sitting here today, none of  
5           the opinions you're going to offer are  
6           specific to the percentage of harm or  
7           problems in general related to the abuse of  
8           prescription opioids by somebody who actually  
9           has a prescription for them at the time  
10          they're abusing them?

11                   MS. FLOWERS: Object to the  
12          form.

13                   MR. PENDELL: Object.

14                   THE WITNESS: That's not how I  
15          understand the problem.

16          Q.       (BY MR. ALEXANDER) I'm asking  
17          is it an opinion you intend to offer today  
18          that you're actually going to say there are  
19          people abusing prescription opioids who  
20          actually have a prescription for them at the  
21          time they're abusing them?

22          A.       I'm sorry, could you repeat  
23          that?

24          Q.       Sure.

1                   So an individual who is abusing  
2       drugs, under some of the data that you have  
3       where it talks about drug abuse, it's  
4       basically tallying all types of drug abuse of  
5       all sorts, different drugs combined in a  
6       single number; correct?

7                   A.       Yes. But it's not really  
8       abuse. It's persons with substance use  
9       disorders. And I think you would need to  
10      point to which number you're talking about if  
11      those categories are collapsed, or if they're  
12      separated.

13                   So can you tell me which number  
14      you're actually referring to?

15                   Q.       I'm not referring to a specific  
16      one now, I'm talking about the concept of how  
17      when you talk about people with a substance  
18      use disorder, sometimes it's all drugs, plus  
19      alcohol, that's one of the kind of datasets  
20      or ways that the data might be grouped that  
21      you've looked at and described in your  
22      report; correct?

23                   A.       You would have to show me where  
24      in the report for me to agree with that

1 statement, because when possible, I pulled  
2 out which substance. So I don't want to  
3 agree with that statement, because sometimes  
4 the substances are differentiated and  
5 sometimes they're not. So I can't agree with  
6 that statement, blanket statement.

7 Q. Sometimes in the data you have  
8 you have drug level data, where you can say  
9 specifically what drug is noted as the drug  
10 of abuse, and in some of the data that you  
11 have, or are describing, you can't get that  
12 low, you just say that people are -- have  
13 substance abuse disorder associated with some  
14 variety or combination of substances; right?

15 MS. FLOWERS: Object to the  
16 form. Lack of foundation.

17 THE WITNESS: Again, I think  
18 you need to tell me which data you're  
19 pointing to for me to agree with that  
20 statement. It's a -- kind of a  
21 compound thing that you're asking me,  
22 and I don't want to agree with it  
23 unless you can point to which one  
24 you're talking about that the data had

1           been collapsed or the data are  
2           differentiated.

3           Q.           (BY MR. ALEXANDER)   In none of  
4           the data that you've analyzed for your  
5           present report do you have the ability to say  
6           what portion of substance abuse disorders are  
7           related to people who are abusing  
8           prescription opioids that they obtained  
9           solely through legal means from a  
10          prescription written for them.

11                   MS. FLOWERS:   Object to the  
12           form.   Lack of foundation.

13           Q.           (BY MR. ALEXANDER)   Correct?

14                   MS. FLOWERS:   Asked and  
15           answered.

16                   THE WITNESS:   So it's substance  
17           use disorders, rather than substance  
18           abuse disorders is the term.

19                   And typically in the way in  
20           which those clinical data are  
21           collected, they would then be rolled  
22           up into the data set that would  
23           collapse those data.   So in this  
24           report, prescription drug use is

1 collapsed into Opioid Use Disorders.

2 Q. So you have no data where you  
3 were actually looking solely at somebody who  
4 has a substance use disorder, and the only  
5 drug they're abusing is a drug that they have  
6 obtained pursuant to a legal prescription;  
7 correct?

8 MR. PENDELL: Objection.

9 THE WITNESS: In the child  
10 welfare system specifically, which is  
11 what we're talking about, at this  
12 point those data are not available.

13 I believe that they may be  
14 available in the future.

15 Q. (BY MR. ALEXANDER) Same thing  
16 goes for the issue of medical versus  
17 nonmedical use. None of your analyses focus  
18 solely on any kind of substance use disorder  
19 or impact on child services related solely  
20 from medical use of prescription opioids;  
21 correct?

22 MS. FLOWERS: Object to the  
23 form.

24 MR. ALEXANDER: Or like I say,



1 medically necessary use.

2 MS. FLOWERS: Object to the  
3 form.

4 THE WITNESS: Medically  
5 necessary use. I believe I've already  
6 answered that, that the data that are  
7 available collapse typically opioids  
8 into one category.

9 Q. (BY MR. ALEXANDER) You also  
10 can't break out any kind of part of opioid --  
11 I'm sorry, substance use disorder or impact  
12 on child services in either or both counties  
13 that's related to medically unnecessary use  
14 of prescription opioids; correct?

15 MS. FLOWERS: Object to the  
16 form. Asked and answered.

17 THE WITNESS: Unnecessary. The  
18 data are not broken out in that way;  
19 that is correct.

20 Q. (BY MR. ALEXANDER) And you  
21 also don't have an amount of substance use  
22 disorder or the impact on children and family  
23 services in Cuyahoga and/or Summit County  
24 that is attributable to the use of illicit

1 drugs, not prescription drugs but purely  
2 illicit drugs like heroin, methamphetamine,  
3 fentanyl analog obtained illegally, that sort  
4 of thing?

5 MS. FLOWERS: Objection, form.  
6 Foundation.

7 THE WITNESS: Those data are  
8 not in my report.

9 Q. (BY MR. ALEXANDER) Do you know  
10 the percentage of children and family  
11 services cases in Cuyahoga County that are  
12 attributable in whole or in part to abuse of  
13 alcohol?

14 A. I specifically excluded the  
15 alcohol from that indicator in this report.

16 Q. I know that you did. That's  
17 why I'm asking the question.

18 Do you know what percentage of  
19 their cases have abuse of alcohol as one of  
20 the causes for there being a need for social  
21 services, whether it be investigation or some  
22 other social services need?

23 A. Off the top of my head, I don't  
24 know. It's a small percentage are recorded

1 as alcohol only. It's a small percentage  
2 across the country. Five -- five percent or  
3 less.

4 Q. What about Summit County? Do  
5 you know the percentage of their cases, let's  
6 say investigation for maltreatment that  
7 related to alcohol abuse?

8 According to data maintained by  
9 the counties themselves.

10 A. Similarly, it's a low  
11 percentage.

12 Q. What about where alcohol abuse  
13 is concomitant with abuse of some other  
14 substance, including an opioid? Do you know  
15 what percentage that is?

16 A. No, sitting here today, I don't  
17 know. I would have to look.

18 Q. In the data that your staff  
19 had, did you look at or ask that they look at  
20 the overlap of alcohol abuse and abuse of  
21 some sort of other substance like an opioid  
22 to see how often those are going hand in  
23 hand?

24 MS. FLOWERS: Object to the

1 form, misstates testimony.

2 THE WITNESS: We do that  
3 analysis. It doesn't change the data  
4 very much, so I excluded the alcohol  
5 in this report.

6 Q. (BY MR. ALEXANDER) I  
7 understand you excluded the alcohol in that  
8 report. I asked if you looked at or have  
9 your staff look at the issue of the overlay  
10 of alcohol abuse with other substances of  
11 abuse in the same sort of data that you did  
12 actually look at.

13 A. Mm-hmm. In the national data  
14 that are presented on parent substance use,  
15 the alcohol is in those -- it is in that --  
16 those data.

17 Q. Like AFCARS?

18 A. In the AFCARS, yes.

19 We first ran the data with  
20 both. I don't recall what that percentage  
21 was. I presented it for drug only because I  
22 thought this group would be more interested  
23 in the drug only. I wasn't presenting it  
24 without the alcohol to hide the alcohol, but

1       rather that this group was more interested in  
2       the drug only. And that the alcohol would  
3       raise those percentages some and that you  
4       would want to have just the drug. That was  
5       the rationale behind raising -- behind  
6       reporting just the drug.

7               Q.       What do you mean by this group  
8       would be more interested in the drug only?  
9       What group?

10              A.       The group of attorneys that are  
11       in the room.

12              Q.       Okay. Kind of goes back to  
13       where we were before. But are there actually  
14       calculations or some sort of data output  
15       that -- of what you got when you included  
16       alcohol?

17              A.       Yes.

18              Q.       Where is that?

19              A.       In my office.

20              Q.       Did you produce it to the  
21       plaintiffs' lawyers so they could give it to  
22       us?

23              A.       No.

24              Q.       Did you present it to the

1 plaintiffs' lawyers before it was excluded  
2 from the report?

3 A. No.

4 Q. Would it surprise you if in  
5 some of the years that we're talking about,  
6 for let's say Cuyahoga County, that the  
7 overlap of alcohol abuse and drug abuse was  
8 such that almost half of the drug abuse cases  
9 also had a notation of alcohol abuse at the  
10 same time?

11 MS. FLOWERS: Object to the  
12 form. Lack of foundation.

13 THE WITNESS: No. That  
14 wouldn't surprise me.

15 Q. (BY MR. ALEXANDER) So in your  
16 years in the field of participating in  
17 children and family services or more  
18 appropriately, I guess, doing research on  
19 children and family services and things like  
20 best practices, is it your understanding that  
21 alcohol abuse is always one of the main  
22 drivers of the need for children and family  
23 services across the country?

24 MS. FLOWERS: Objection.

1                   THE WITNESS: No. It is one of  
2                   the factors that are associated with  
3                   the case, but typically it is not the  
4                   main driver.

5                   Q.       (BY MR. ALEXANDER) I'm saying  
6                   one of the most common drivers. Is it your  
7                   understanding that alcohol abuse is one of  
8                   the most commonly noted drivers of the need  
9                   for children and family services over the  
10                  last 30, 40 years?

11                  A.       Could you restate that?

12                  Q.       Sure. So you understand that  
13                  Cuyahoga and Summit County track information  
14                  on the cases where there's an investigation  
15                  of maltreatment and that there might be some  
16                  other involvement of children's services  
17                  essentially have case files for all of their  
18                  cases; right?

19                  A.       Yes, I understand that.

20                  Q.       And you understand that they  
21                  have a state database system where they put  
22                  certain information in as required by their  
23                  local obligations so that it can ultimately  
24                  flow into something like AFCARS; correct?

1           A.       Yes, I understand that.

2           Q.       Have you asked for any  
3       information about the database or case file  
4       practices of Cuyahoga or Summit County?

5           A.       I understand those practices  
6       broadly, because of working in Ohio.

7           Q.       Did you get any information  
8       about the SACWIS database?

9           A.       I understand the SACWIS  
10       database.

11          Q.       For this case, did you ask for  
12       and receive any specific information about  
13       SACWIS database or any practices relating to  
14       how those counties do their case files or  
15       what sort of information they put into SACWIS  
16       over time?

17                   MR. PENDELL:  Objection to  
18       form.

19                   THE WITNESS:  Not specific for  
20       this report, just from my knowledge of  
21       working with those data over time.  
22       And working through the SSIP project.

23          Q.       (BY MR. ALEXANDER)  Did you  
24       look at any output for SACWIS for your work



1 on this case?

2 A. Well, SACWIS is the same -- is  
3 the data behind the AFCARS data, and AFCARS  
4 data are the data set that I used for  
5 reporting these in this report.

6 Q. Do you know if the fields in  
7 the data you have from AFCARS meet up with  
8 the fields in SACWIS as maintained by the  
9 state of Ohio?

10 A. Unless the state of Ohio  
11 submitted AFCARS data that are somehow  
12 different than the underlying database, they  
13 would match.

14 Q. If they don't, that would be an  
15 issue for your data analysis; right?

16 MS. FLOWERS: Object to the  
17 form. Lack of foundation.

18 THE WITNESS: Well, you also  
19 have to know that the AFCARS data are  
20 updated pretty much on an ongoing  
21 basis. So if you get the AFCARS data  
22 set and then you get the data set six  
23 months later, the corrections or  
24 updates that have been made

1           previously, the data are updated. So  
2           whenever the state updates it, the  
3           data are not the same as the previous  
4           upload.

5           Q.       (BY MR. ALEXANDER) My question  
6           was, if the data in SACWIS, like produced in  
7           connection with this litigation, is different  
8           for the essential same group of cases as the  
9           data that your staff reviewed from AFCARS,  
10          that would present a problem for the analyses  
11          that your staff did; right?

12                   MR. PENDELL: Objection to  
13                   form. Calls for speculation.

14                   THE WITNESS: If they were  
15                   different, if -- I would be surprised.  
16                   I wouldn't understand how the data in  
17                   the underlying database would be  
18                   reported to the federal government  
19                   that would be different.

20           Q.       (BY MR. ALEXANDER) And you  
21           haven't done any investigation here to figure  
22           out how the data was generated for SACWIS and  
23           how that might have eventually flowed into  
24           what you ultimately looked at or your staff

1 looked at from NDACAN?

2 MS. FLOWERS: Objection, asked  
3 and answered.

4 THE WITNESS: We looked at the  
5 AFCARS data set that is reported to  
6 the federal government and stored it,  
7 the Cornell archive. That's correct.

8 Q. (BY MR. ALEXANDER) Did you  
9 look at any data output, reports, anything  
10 like that, that came directly from SACWIS,  
11 "yes" or "no"?

12 A. No, I did not.

13 Q. Did you look at any case files  
14 or compilation or summary of cases filed from  
15 Cuyahoga or Summit County in connection with  
16 your work in this case?

17 A. No, I did not.

18 Q. If there's data that's been  
19 generated in course -- in the course of doing  
20 regular children and family services  
21 functions for those counties, or for the  
22 litigation from the counties that's contrary  
23 to your own analyses, would you expect to  
24 have seen it?

1 MS. FLOWERS: Object to the  
2 form, lack of foundation.

3 THE WITNESS: I think you're  
4 creating a hypothetical that I don't  
5 know where you're going, so if there  
6 were data that were in conflict to the  
7 AFCARS data, yes, I would think I  
8 would have seen that.

9 Q. (BY MR. ALEXANDER) Okay.

10 And --

11 A. Perhaps. I -- I don't know.

12 Q. And for your own work here to  
13 try to make sure that you're thorough and  
14 looking at all of the -- both sides of the  
15 issues, have you attempted in your mind to  
16 get the data and analyses that already exist,  
17 that have been done by the counties or done  
18 by the state as part of evaluation of the  
19 data that came from the counties that pertain  
20 to the same subject matters you're  
21 addressing?

22 MS. FLOWERS: Object to the  
23 form.

24 THE WITNESS: Yes, I'm familiar

1           with the data that are available on  
2           the subject matter that I was asked to  
3           report on.

4                     I think we've been going an  
5           hour. Let's take a break.

6           Q.       (BY MR. ALEXANDER) Can I ask  
7   just one question?

8           A.       Let's take a break.

9                     THE VIDEOGRAPHER: Your  
10   microphone.

11                    Are we going off?

12                   MR. ALEXANDER: Yeah. I mean,  
13   I --

14                   THE WITNESS: A quick one.

15                   MR. ALEXANDER: I normally  
16   would ask a follow-up question, but  
17   she's already taken her mic off.

18                   THE VIDEOGRAPHER: We are going  
19   off the record. The time is 11:17.

20                    (Recess taken, 11:18 a.m. to  
21   11:37 a.m.)

22                   THE VIDEOGRAPHER: We are now  
23   going back on the record. And the  
24   time is 11:36 a.m.

1 Q. (BY MR. ALEXANDER) Dr. Young,  
2 is there any of your testimony thus far you  
3 need to change or supplement in any way?

4 A. Yes. I would like to clarify.  
5 You asked a question about how -- or what I  
6 call the opioid epidemic, and I believe you  
7 did not include in the substances you asked  
8 me about, prescription drugs, and yes, I  
9 include prescription drugs in the definition  
10 of the opioid epidemic. I just want to make  
11 sure that's clear.

12 Q. What drugs?

13 A. Prescription opioids, fentanyl,  
14 carfentanil, opioids, all of the drugs that  
15 fit into the opioid class would be what I  
16 would include in my definition of the opioid  
17 epidemic.

18 Q. Can you name for me some of the  
19 prescription drugs?

20 A. Some. OxyContin, hydrocodone,  
21 oxycodone. Those are the ones that come to  
22 mind off the top of my head.

23 Q. Anything else?

24 A. Percodan, Percocet. Those are

1 the ones that I can think of right here  
2 today.

3 Q. Okay. Do you include fentanyl  
4 as a prescription drug?

5 A. No, I do not. Oh, yes, I'm  
6 sorry, yes, it is a prescription drug. It  
7 can, yes.

8 Q. So you -- what benzodiazepines?  
9 Do you include them at all?

10 A. I don't believe they're the  
11 opioid class.

12 Q. Well, is there some role as far  
13 as you know of abuse of benzodiazepines in  
14 connection -- abuse or medically unnecessary  
15 use of benzodiazepines in connection with  
16 what's been described as the opioid epidemic?

17 MS. FLOWERS: Object to the  
18 form.

19 THE WITNESS: They're not in  
20 the class of opioids. So I am -- I  
21 don't know.

22 Q. (BY MR. ALEXANDER) What about  
23 methamphetamine? Does that play any role in  
24 either being like overlapping use or part of

1 the different drugs of abuse that an  
2 individual person with a substance abuse  
3 disorder might cycle through?

4 MR. PENDELL: Objection to  
5 form.

6 THE WITNESS: In any one  
7 individual, I believe that that could  
8 be a substance that an individual  
9 might use. But they're not an opioid  
10 class.

11 Q. (BY MR. ALEXANDER) Let me ask  
12 this more generally. In your analyses, did  
13 you pay attention to the role of  
14 methamphetamine in terms of the burden on  
15 social services?

16 A. Not specifically in this time  
17 period.

18 Q. What about for Cuyahoga and  
19 Summit County? Did you pay attention to  
20 historic trends of methamphetamine abuse in  
21 Cuyahoga or Summit County as they relate to  
22 the burden on social services?

23 A. Well, as you know, the AFCARS  
24 data on the total number of children that



1       have been both entering and the static  
2       population of children in out-of-home care,  
3       have -- were continuing to go down from 2000  
4       until 2012. And, in fact, that was during  
5       the time that the country was experiencing an  
6       increase in the number of individuals  
7       including parents that were using  
8       methamphetamine. So while the  
9       methamphetamine use rate was going down, it  
10      was not contributing to the increase of  
11      children going into out-of-home care or the  
12      static population of children in care.

13                   Not until 2012 did workers  
14      begin to say this is opioids that are driving  
15      the out-of-home care population.

16                   So, as you asked about, did I  
17      look at that historically, yes.  
18      Historically, methamphetamine did not have  
19      the same impact that prescription drugs and  
20      opioids have had on the child welfare  
21      population.

22                   Q.       So you've mentioned a couple of  
23      times something about the time frame  
24      applicable to this case?

1           A.       I'm sorry, I didn't hear you.

2           Q.       You've mentioned -- I'm over  
3       here.

4           A.       Yes, I know.

5           Q.       I don't know if you can hear  
6       me.

7                    You've mentioned a couple of  
8       times the time frame or the time period of  
9       this case. What do you understand that to  
10      be?

11          A.       The -- this case, I don't know.  
12       What I know is that in 2012, the longstanding  
13       trend in out-of-home care began to reverse  
14       itself.

15                   I know that OxyContin was  
16       introduced, I believe, in the mid '90s, and I  
17       could be wrong on that. I don't know that  
18       for sure.

19                   And I know that about 2014 or  
20       so is when Summit and Cuyahoga began to  
21       experience increases in their out of home  
22       care, I believe.

23                   I would have to look at my  
24       report. Would you like me to check that?

1 Q. No. Focusing on the time since  
2 2012, have there been times when  
3 methamphetamine abuse in either county  
4 outpaced the use of opioids, including  
5 illicit opioids?

6 A. Not in some of the measures  
7 that I am familiar with. In the treatment  
8 data in terms of treatment admission, opioids  
9 outpaced methamphetamine in Ohio. From the  
10 data that I'm aware of.

11 Q. So my question was of the  
12 counties.

13 A. Mm-hmm.

14 Q. So I'm asking about  
15 county-specific data, not statewide data.

16 A. Mm-hmm.

17 Q. Has there been a time period  
18 since 2012 when methamphetamine abuse  
19 outpaced opioid abuse?

20 A. I don't know.

21 Q. What about in terms of a reason  
22 for involvement of children's services or  
23 children and family services in either  
24 county? Has there been a time when

1       methamphetamine was, you know, more often the  
2       drug of abuse than a prescription or illicit  
3       opioid?

4               A.       I'm sorry, what was the time  
5       frame you were giving me?

6               Q.       Since 2012, ma'am.

7               A.       Those data, as far as I know,  
8       are not available.

9                       The difference between  
10       methamphetamine and opioids.

11              Q.       Okay. So in your analyses, did  
12       you attempt to separate out the role of  
13       methamphetamine as a driver of the need for  
14       children and family services in Cuyahoga or  
15       Summit County?

16              A.       Yes, I did the best I could  
17       with the data sources that I could look at.

18              Q.       What about marijuana? So  
19       marijuana, in -- over this time period has  
20       generally increased among those who are  
21       consumers of children and family services.  
22       Right?

23                      MS. FLOWERS: Object to the  
24       form. Lack of foundation.

1 THE WITNESS: I don't know  
2 those data on marijuana. And those --  
3 marijuana alone is typically not a  
4 reason that children's services would  
5 make a removal. It might be  
6 associated with the case.

7 MR. ALEXANDER: Hey, can  
8 whoever is on the phone mute their  
9 line? We don't care about your  
10 airline thing to be on the record. No  
11 offense.

12 Q. (BY MR. ALEXANDER) Do you need  
13 to have the question read back, ma'am?

14 A. Yes, please.

15 Q. I'm not sure you fully answered  
16 it. I was asking about marijuana, and I  
17 think you gave your answer about that  
18 marijuana might be associated with the case.  
19 Was that a complete answer before we had the  
20 little interruption?

21 A. Why don't you ask your question  
22 again.

23 Q. So marijuana, as one of the  
24 drugs of abuse or one of the substances of

1 abuse, do you know if the data exists for  
2 Cuyahoga and Summit County to indicate that  
3 that frequency has been going up over time?

4 MS. FLOWERS: Object to the  
5 form, lack of foundation.

6 THE WITNESS: I don't know that  
7 those data exist.

8 Q. (BY MR. ALEXANDER) Did you  
9 consider at all marijuana as a driver of the  
10 need for children and family services or the  
11 complexity of cases involved in children and  
12 family services in Cuyahoga or Summit County?

13 A. It's my general knowledge that  
14 marijuana does not drive children being  
15 placed in out-of-home care. It's my --

16 Q. Is that just a gestalt from  
17 having worked in the field or do you have  
18 some specific data or documents you base that  
19 on?

20 MS. FLOWERS: Object to the  
21 form.

22 THE WITNESS: That's my general  
23 knowledge of working in the field.

24 Q. (BY MR. ALEXANDER) Have you

1 looked to see if there are differences in  
2 terms of marijuana use patterns in Cuyahoga  
3 or Summit County where marijuana actually is  
4 a driver of the need for children's services  
5 or the complexity of children's services  
6 cases?

7 MS. FLOWERS: Objection, asked  
8 and answered.

9 THE WITNESS: No, I have not.

10 Q. (BY MR. ALEXANDER) The  
11 analyses that Dr. Yan did when you said you  
12 checked his work, can you describe what it --  
13 what was involved in checking the work that  
14 he did or the output that he gave you?

15 A. So initially we discussed the  
16 variables and what I was looking for, and we  
17 talked about how we would get those  
18 variables. And he created the syntax and we  
19 looked at the output together and then I used  
20 the output to create the graphs.

21 Q. And what about the output that  
22 isn't included in the report, other than all  
23 of the output that included alcohol before it  
24 was excluded? Was there other output that

1       you didn't include in the report?

2                       MS. FLOWERS: Object to the  
3       form. Foundation. Misstates  
4       testimony.

5                       THE WITNESS: Not that I  
6       recall.

7       Q.       (BY MR. ALEXANDER) How many  
8       charts have been run with alcohol in it  
9       before alcohol was excluded?

10       A.       Only the two charts of the --  
11       well, I need to check and make sure in my  
12       report. Would you like for me to look?

13       Q.       Here's what we're going to do.  
14       I've marked as Exhibit 1 --

15                       MR. ALEXANDER: Counsel, do you  
16       need a copy of the case report?

17                       MS. FLOWERS: No.

18                       MR. ALEXANDER: More paper for  
19       me. Awesome.

20                       (Whereupon, Deposition Exhibit  
21       Young-1 was marked for  
22       identification.)

23       Q.       (BY MR. ALEXANDER) Exhibit 1  
24       is a copy of the report that we got from you.



1 I'm sorry, from the plaintiffs's lawyers, on  
2 your behalf. It has your name at the top and  
3 then describes you throughout in the third  
4 person. And then on the 37th page there is a  
5 signature that says Nancy K. Young Ph.D.,  
6 over the typed date March 25th, 2019. Do you  
7 see that?

8 A. Yes, I do.

9 MS. FLOWERS: Objection,  
10 misstates the record. The document  
11 does not refer to her in the third  
12 person throughout.

13 Q. (BY MR. ALEXANDER) Is that  
14 your signature?

15 On page 37 of Exhibit 1?

16 A. Yes, it is.

17 Q. And when do you think you  
18 finalized this report?

19 A. March 25th.

20 Q. And do you see that there's a  
21 list of references on the last four pages?

22 Do you see that?

23 A. Yes, I do.

24 Q. And those are references that

1 are included in the preceding 37 pages;  
2 correct?

3 A. Yes.

4 Q. Then we were provided with --  
5 let me just ask this first.

6 In Exhibit 1, when we've been  
7 referring to your report and what is an  
8 opinion disclosed in your report or something  
9 that's beyond the scope of your report,  
10 that's Exhibit 1? That's the report you were  
11 referring to?

12 A. Yes. If all the pages are  
13 here, yes.

14 Q. And we got before the  
15 deposition started what we were told was the  
16 reformatted version of your report.

17 I've marked that as Exhibit 2.  
18 I'll hand you a copy.

19 (Whereupon, Deposition Exhibit  
20 Young-2 was marked for  
21 identification.)

22 Q. (BY MR. ALEXANDER) Exhibit 2  
23 seems to be identical to what you have in  
24 front of you. Is that what you have, like

1 kind of the reformatted version, is what you  
2 brought with you?

3 A. Yes.

4 Q. Take a look at it. Exhibit 2  
5 is what plaintiffs' counsel handed me right  
6 before we started that I just slapped the  
7 sticker on.

8 A. All right.

9 Q. So the signature again is on  
10 page 37. And then again, after that, there  
11 are these four pages of references.

12 Do you see that?

13 A. Yes.

14 Q. So the reformatting relates to  
15 just the position of the tables with regard  
16 to where -- or the graphs with regard to the  
17 title of them?

18 A. Yes.

19 Q. When did you make these changes  
20 in terms of reformat?

21 A. Oh, I don't recall. In the  
22 week after, I believe.

23 Q. Back in March?

24 A. Yes. I believe that's right.

1 Q. Did you re-sign it or you  
2 didn't see it pointing to that?

3 A. No.

4 Q. Because it's the same signature  
5 and the same date on Exhibit 1 as on  
6 Exhibit 2.

7 A. That page was just put in the  
8 same.

9 Q. So the copy that we got,  
10 starting on page 10, you'll see that there --  
11 actually before that, I'm sorry.

12 Most of the pages after the  
13 first couple, I guess starting on page 5,  
14 there's a vertical line on Exhibit 2 running  
15 up them.

16 MS. FLOWERS: Sorry, Counselor,  
17 are you referring to Exhibit 1 or  
18 Exhibit 2?

19 MR. ALEXANDER: I said  
20 Exhibit 2, Counsel.

21 Q. (BY MR. ALEXANDER) Do you see  
22 that in your copy that you're flipping  
23 through?

24 A. Yes, I do.

1           Q.       Do you know what the vertical  
2       black line is about?

3           A.       It looks like a bad copy  
4       machine.

5           Q.       But as far as you understand,  
6       whether we look at Exhibit 1 or Exhibit 2,  
7       the reformatted version, either of those  
8       would contain all of the opinions you intend  
9       to offer at a trial of this case, if called;  
10      correct?

11          A.       That's correct.

12          Q.       And I have marked as Exhibit 3,  
13      it's a two-sided color copy -- here's one,  
14      plaintiffs' counsel -- of something that we  
15      got with the report, that is not the same  
16      thing as this couple of pages of references,  
17      but is a two-page list of materials  
18      referenced in the expert report, and it says  
19      on the left, and on the top right it says  
20      materials considered by Nancy Young. Do you  
21      see that?

22          A.       Yes, I see this.

23                   (Whereupon, Deposition Exhibit  
24      Young-3 was marked for

1 identification.)

2 Q. (BY MR. ALEXANDER) Did you  
3 have any role in putting together Exhibit 3?

4 A. No, I didn't.

5 Q. So other than the overlap of  
6 some of these things that were actually in  
7 the report, like National Survey on Drug Use  
8 and Health, do you know what any of these  
9 documents are?

10 Let me break it up for you.  
11 Why don't we go through this.

12 If you start on the second  
13 page, there's a list of published literature  
14 or governmental publications. Do you see  
15 that?

16 Starting on the second page  
17 with Compton on down.

18 A. Yes.

19 Q. So the Compton article, from  
20 New England Journal of Medicine 2016, is that  
21 something you considered in arriving at your  
22 opinions in this case?

23 A. Yes.

24 Q. You just didn't have a specific

1 citation for it in the report. Is that  
2 right?

3 A. Oh, I didn't realize that I  
4 didn't cite that. I do know that article.

5 Q. Okay. Is that one that you  
6 specifically looked at for the case or is it  
7 just something you have kind of in your data  
8 bank, as it were?

9 A. It's in my mind. I know that  
10 article.

11 Q. Okay. And I'm not doing a  
12 direct comparison to see which of these might  
13 be cited among the things that are listed  
14 here. But so the National Survey on Drug Use  
15 and Health, we do know that that's discussed  
16 in your report; correct?

17 A. That's correct.

18 Q. Then drug overdose deaths in  
19 the United States from the National Center  
20 For Health Statistics. That is also  
21 something that is at least a citation in some  
22 of your charts, either directly or  
23 indirectly, like that was what was cited in  
24 some publication or presentation that you

1 recited; correct?

2 A. I believe that's right.

3 Q. The next one says description  
4 of the State of Kansas Regional Partnership  
5 Grant and evaluation findings. Do you know  
6 what that is?

7 A. I do know that regional  
8 partnership grant, but I don't believe that's  
9 in my report.

10 Q. That's not something you  
11 actually considered in forming your opinions  
12 for this case; correct?

13 MS. FLOWERS: Object to the  
14 form. Misstates the testimony and  
15 you're asking her about a document she  
16 didn't prepare.

17 Q. (BY MR. ALEXANDER) Did you  
18 answer the question?

19 A. What was the question?

20 Q. This Kansas Regional  
21 Partnership Grant, that's not something that  
22 you actually considered in forming your  
23 opinions for this case?

24 A. Not that I recall.



1           Q.       This U.S. News article from  
2       2015 about heroin use skyrockets in the U.S.,  
3       that's not something that you considered in  
4       forming your opinions in this case?

5           MS. FLOWERS: Object to the  
6       form.

7           THE WITNESS: Yeah, I don't  
8       recall that article.

9           Q.       (BY MR. ALEXANDER) Treatment  
10      of Opioid Use Disorder in Pregnancy and  
11      Infants Affected By Neonatal Abstinence  
12      Syndrome. A Webinar presented for the SAMHSA  
13      Women's Health Week.

14                   Do you see that?

15          A.       I do see that.

16          Q.       Are you familiar with that  
17      webinar?

18          A.       I -- it's been quite a while  
19      ago, but I do remember that webinar.

20          Q.       Do you recall how long ago that  
21      was? A couple years?

22          A.       I believe it was a couple of  
23      years ago.

24          Q.       Is that something you

1       considered in forming your opinions for this  
2       case?

3               A.       It's in --

4               Q.       After you were retained in  
5       January?

6               A.       It's in my general knowledge  
7       base. It's not something that I went back  
8       and referred to.

9               Q.       After that, something from a  
10       Reuters investigation? Called helped --  
11               I'm sorry, Helpless and Hooked.  
12       Do you see that?

13              A.       Yes.

14              Q.       Have you ever seen that before?

15              A.       Yes, I have.

16              Q.       And was that something you  
17       considered in forming your opinions for the  
18       case?

19              A.       Again, it's something that I  
20       know well, and it's something in my knowledge  
21       base. It's not something I went back to or  
22       referred to for this report.

23              Q.       Are you relying on news reports  
24       from Reuters or U.S. News for any of your

1       opinions?

2               A.       This is a particular series  
3       that ran for four or seven days that was  
4       quite important in the field, and I'm not  
5       relying on that report for my opinions.

6               Q.       Okay. The next article,  
7       Alambyan? Do you see that? Neurology -- a  
8       JAMA, Neurology article from last year?

9                       Do you see the citation?

10              A.       Yes, I do.

11              Q.       Is that something that you ever  
12       reviewed in connection with forming your  
13       opinions on this case?

14              A.       No. I'm familiar with that  
15       article but I did not rely on that article  
16       for forming my opinions in this case.

17              Q.       Hoffmann, N.G., Retrieved from,  
18       and then there's a citation to  
19       evinceassessment.com?

20              A.       Mm-hmm.

21              Q.       Any idea what that is?

22              A.       Yes, I do. I know Norm  
23       Hoffmann well. I've used his research.

24                       I know the UNCOPE well, and it

1 is not something that I --

2 Oh, wait. I do believe it is  
3 cited in this report because -- I don't  
4 recall if Summit is using the UNCOPE or if  
5 they are using the GAIN Short Screen.

6 It is a short screening tool  
7 that some Ohio counties are using to screen  
8 for substance use at the front end of the  
9 child welfare system. Many places are using  
10 the UNCOPE, so I'm very familiar with that.

11 Q. Do you know what Summit or  
12 Cuyahoga County are doing in terms of  
13 screening for substance use disorder  
14 currently?

15 A. That's what I said. I'm not  
16 sure which tool Summit is using. It's kind  
17 of sticking in my head that they use the GAIN  
18 Short Screen, but I'm not positive on that.

19 And I am -- don't know which  
20 tool Cuyahoga uses.

21 Q. You also don't know what  
22 changes there might have been over time for  
23 Cuyahoga or Summit County in terms of how  
24 they screen for substance abuse disorder?

1 MS. FLOWERS: Objection, lack  
2 of foundation.

3 THE WITNESS: Off the top of my  
4 head, I don't. I'm not able to recall  
5 which tool they're using.

6 Q. (BY MR. ALEXANDER) The one  
7 after that is another webinar. This one is  
8 from 2015, from Jones. Are you familiar with  
9 this webinar?

10 A. Yes. Yes, that's Hendrée  
11 Jones. Yes, I'm familiar with that webinar.  
12 No, I did not use that to form my opinions.

13 Q. And if you'd go to the top of  
14 this page and the bottom of the prior page,  
15 there are a number of documents that are  
16 referenced with what we call in the legal  
17 world a Bates number. They're -- most of  
18 these say Summit at the beginning of them and  
19 then it's a series of numbers. And then the  
20 last two say CUYAH, which is short for  
21 Cuyahoga. Do you see those?

22 A. The last -- I don't see CUYAH.  
23 I only see Summit.

24 Q. The last two, which are listed

1 right above where we started with the Compton  
2 article? Cc -- say CUYAH and the rest say  
3 Summit. Do you see those?

4 A. Yes, I do.

5 Q. Did you review any of those  
6 documents?

7 A. I do not know.

8 Q. Did you recall reviewing any  
9 documents produced by Summit or Cuyahoga  
10 County in connection with the litigation?

11 A. I don't remember.

12 Q. If you did, you didn't have any  
13 role in picking them, did you?

14 MS. FLOWERS: Object to the  
15 form.

16 THE WITNESS: No, I do not.  
17 No.

18 Q. (BY MR. ALEXANDER) Sitting  
19 here today, you can't say you rely on  
20 anything from Cuyahoga or Summit County's  
21 production in the litigation for any of your  
22 opinions; correct?

23 MS. FLOWERS: Object to the  
24 form, lack of foundation.

1 THE WITNESS: I can't say that  
2 today, no.

3 Q. (BY MR. ALEXANDER) And so like  
4 there have been task forces in place in  
5 Cuyahoga and Summit County. And there have  
6 been various kind of cross-functional efforts  
7 looking at issues relating to substance  
8 abuse, impact on governmental and social  
9 services. Are you familiar with those in  
10 general?

11 A. Yes, I am.

12 Q. Did you review any of the  
13 outputs, white papers, reports, anything like  
14 that from any of those kind of governmental  
15 and quasi-governmental efforts in the  
16 counties over the last decade?

17 A. I have seen reports from  
18 counties in Ohio as well as from the state  
19 governor's task force and other documents  
20 that have been created related to the opioid  
21 epidemic.

22 I wouldn't be able, right here  
23 today, to name the specific documents that I  
24 have seen, but I am aware of the -- of

1       several various task forces and ways in which  
2       Ohio has tried to deal with the prescription  
3       drug epidemic, yes.

4               Q.       So my question is specific to  
5       Cuyahoga and Summit County, not the state of  
6       Ohio, so let's break that up. The stuff that  
7       you are aware of that came out of the  
8       governor's task force, did you rely on any of  
9       that for any of your opinions in this case?

10              A.       No. That was outside of the  
11       scope of what I was asked to do.

12              Q.       Did you notice, though, just  
13       from the time frame, that the governor's task  
14       force and some of the statewide efforts to  
15       look at the issue of what was the opioid  
16       epidemic or the developing opioid epidemic,  
17       started in the -- at the end of the prior  
18       decade, essentially by or around 2010;  
19       correct?

20                      MS. FLOWERS: Object to the  
21       form. Lack of foundation. Assumes  
22       facts not in evidence.

23                      THE WITNESS: I don't remember  
24       that, when that started.



1           Q.       (BY MR. ALEXANDER) From your  
2       work generally. Obviously in your work that  
3       you do at your company where you are now, you  
4       pay attention to trends around the country  
5       that affect children and family services;  
6       correct?

7           A.       Yes, I do.

8           Q.       Including trends in substance  
9       abuse and substance use; correct?

10          A.       Yes, I do.

11          Q.       And at national conferences and  
12       in academic settings, the discussion of  
13       rising heroin use and other aspects of the  
14       opioid epidemic impacting on children and  
15       family services has been discussed for at  
16       least a decade; correct?

17          A.       Which part has been -- could  
18       you repeat that, please?

19          Q.       The fact that there's been  
20       increasing, let's say use of heroin,  
21       including in mothers of small children or  
22       pregnant women, and that that affects  
23       children and family services, those sorts of  
24       general topics have been discussed for about

1 a decade nationally; correct?

2 MR. PENDELL: Object to the  
3 form.

4 MS. FLOWERS: Objection to  
5 form. Lack of foundation. Assumes  
6 facts not in evidence.

7 THE WITNESS: I don't remember  
8 that for a decade.

9 Q. (BY MR. ALEXANDER) When is the  
10 first time you remember those sorts of  
11 discussions as national conferences or  
12 meetings or academic settings with experts  
13 from around the country?

14 A. In 2011, I was told by my  
15 federal project officer for the National  
16 Center on Substance Abuse and Child Welfare  
17 that I was again to pull together resources  
18 on opioids and child welfare because she had  
19 been briefed on the prescription drug problem  
20 in the country from her standpoint in the  
21 substance abuse and mental health services  
22 administration. She said, in effect, we need  
23 to be prepared and we need to begin to pull  
24 together resources.

1                   Our contract changed in 2012 --  
2       in other words, we had to rebid and it was a  
3       new contract here in 2012, and one of the  
4       tasks that we were given was to convene a  
5       work group made up of healthcare  
6       professionals that treat infants with NAS,  
7       child welfare workers, substance abuse  
8       treatment professionals, and home visiting  
9       professionals, a whole host of individuals or  
10      about over 40 people in these various work  
11      groups that we convened for about a year and  
12      a half in order to provide guidance to states  
13      and communities about the opioid crisis and  
14      the rise of opioid use, so that child welfare  
15      would have this guidance. And that  
16      publication took some time to get cleared by  
17      the federal government, but it was released  
18      by the federal government in 2016.

19                   So my first direction from the  
20      federal government, as a contractor to them,  
21      first heads-up, we need to work on this was  
22      2011. My first direct task to work on this  
23      was 2012.

24                   Q.       Who was the federal project

1 officer you had a discussion with in 2011?

2 A. She's no longer at SAMHSA. Her  
3 name is Sharon Amatetti, A-M-A-T-E-T-T-I.

4 Q. And do you recall when this  
5 discussion was in 2011 with Ms. Amatetti?

6 A. Not specifically. I only  
7 remember that it was in 2011 because of the  
8 change in the contract in 2012, and that we  
9 were tasked in the new contract with their  
10 effort to begin this document and pulling  
11 together this -- a major piece of work, to  
12 have this ongoing work group with various  
13 professionals meeting separately, meeting  
14 together, pulling together all of the  
15 guidance from these professionals and then  
16 synthesizing it into a document that was  
17 reviewed by every agency within the  
18 Department of Health and Human Services  
19 before it was released.

20 Q. So the conversation you recall  
21 was sometime in 2011, roughly eight years  
22 ago, with a federal project officer from  
23 SAMHSA; correct?

24 A. That's correct.

1           Q.       And you don't know how long in  
2       advance of that there had been discussions  
3       with other people nationally to try to  
4       initiate this sort of project? Essentially  
5       how long it had been on somebody's radar  
6       screen before they started being willing to  
7       spend money for a contract on it?

8                   MS. FLOWERS: Object to the  
9       form, calls for speculation.

10                  THE WITNESS: No, I don't know.

11           Q.       (BY MR. ALEXANDER) And I mean,  
12       you've been a government contractor for a  
13       long time; right?

14           A.       Yes, I have.

15           Q.       And in general, when there's a  
16       request for a contract and the government's  
17       willing to spend some money on something,  
18       that can be a relatively slow process from  
19       when they first realize there might be some  
20       need to address something. Does that make  
21       sense?

22                   MS. FLOWERS: Object to the  
23       form.

24                  THE WITNESS: It can be, but

1           this moved fast.

2           Q.       (BY MR. ALEXANDER)   So you said  
3       that over the period of time from this  
4       initial conversation until the contract was  
5       awarded and a report was generated was about  
6       18 months; is that correct?

7           A.       No.   The time period for us to  
8       do our work was about 18 months.   And then  
9       the review process took some time because it  
10      was a topic that the Department of Health and  
11      Human Services wanted every agency in the  
12      department to clear.   So that clearance  
13      process took quite a while.

14          Q.       Were there other experts or  
15      people from around the country involved in  
16      providing input?

17          A.       The experts that we relied on  
18      to give us input to provide the guidance to  
19      each of those disciplines.

20          Q.       Was the guidance document  
21      issued in 2013 or '14?

22          A.       It actually did not come out  
23      until, I believe, 2016, was actually when it  
24      was released.   But it was pretty much

1 completed into the review process in 2014.

2 Q. And like state stakeholders,  
3 let's say people from Ohio which already have  
4 their governor's task force in place, do you  
5 know when they got any of your output or your  
6 draft report?

7 A. We were allowed to release  
8 parts of that in draft, and we were allowed  
9 to present parts of that in presentations and  
10 in webinars. We were allowed to use pieces  
11 of that in technical assistance tools while  
12 it was undergoing review.

13 Q. So in this time period, 2012,  
14 '13, '14, roughly, were you already giving  
15 presentations and doing webinars and  
16 teachings that raised the issue of how the  
17 opioid epidemic, the increasing abuse of  
18 heroin by pregnant women, that sort of thing,  
19 was putting a strain on children and family  
20 services around the country?

21 MS. FLOWERS: Object to the  
22 form.

23 THE WITNESS: Could I refer  
24 back to this document?

1 MR. ALEXANDER: Sure.

2 Q. (BY MR. ALEXANDER) You're  
3 referring to Exhibit 3?

4 The little sticker is actually  
5 on the other side you flipped over.

6 A. I was looking for the Hendrée  
7 Jones --

8 Q. It says 2015, ma'am.

9 A. Yeah. 2015 is when Hendrée,  
10 she's a Ph.D. in North Carolina, she did a  
11 webinar, was during that time period. So  
12 2015, 2016, perhaps '14, some of that  
13 information was coming out, yes.

14 Q. Let me just ask in general,  
15 because during this time period, the first  
16 half of this decade, you did participate in  
17 national seminars and presentations and talks  
18 among other people interested in issues  
19 relating to children and family services;  
20 correct?

21 A. Yes. I give speeches about 15,  
22 20 times a year.

23 Q. Are any of those recorded on  
24 camera?



1           A.       Not that I am aware of.

2           Q.       So is it your impression that  
3       there was national attention by people who  
4       pay attention to children and family  
5       services, kind of like the same people who  
6       might be members of that PCSAO in Ohio, are  
7       aware of this idea that increasing trends in  
8       substance abuse related to substances like  
9       heroin were affecting the provision of  
10      children and family services, this was a  
11      topic and an awareness by the mid 2000s at  
12      the latest? The mid part of this decade, by  
13      the latest. I'm sorry.

14                   MS. FLOWERS: Object to the  
15      form.

16                   THE WITNESS: I began going to  
17      Ohio in, I believe, 2014, 2015. And  
18      what the stakeholders in 2014 and 2015  
19      were telling me was about prescription  
20      opioids driving the child welfare  
21      cases and the prescription opioid  
22      crisis in their communities.

23                   So, yes, they were aware, they  
24      were talking about that at national

1 meetings that was going on.

2 Q. (BY MR. ALEXANDER) Okay. The  
3 people you were dealing with in Ohio by 2014  
4 were aware that abuse of prescription opioids  
5 and non-prescription opioids was driving  
6 child welfare cases? That's your testimony?

7 MS. FLOWERS: Object to the  
8 form.

9 THE WITNESS: As I recall, I  
10 wasn't hearing at that point about  
11 other opioids. Or opiates.

12 I was hearing about  
13 prescription drugs.

14 Q. (BY MR. ALEXANDER) Okay. And  
15 but I'm talking about the time frame. The  
16 first time you recall hearing from it, about  
17 this subject from somebody in Ohio, was  
18 roughly 2014.

19 A. Correct. '14, '15, in that  
20 time period.

21 Q. And you don't know how long the  
22 governor's task force had been in place or  
23 any state-wide legislative or governmental  
24 efforts had been in place to address this?

1 MS. FLOWERS: Asked and  
2 answered.

3 MR. ALEXANDER: Dynamic that  
4 you've been discussing?

5 THE WITNESS: I don't recall.

6 Q. (BY MR. ALEXANDER) Because  
7 like in your review for this case, you didn't  
8 go through the documents from Summit and  
9 Cuyahoga County to look at kind of the timing  
10 of their involvement with this issue and when  
11 they first started looking for additional  
12 funding or staffing or changes in policies  
13 and practice to try to address the additional  
14 burden from changes in drug usage and other  
15 societal issues; correct?

16 MS. FLOWERS: Object to the  
17 form.

18 THE WITNESS: If your question  
19 is did I look specifically at those  
20 materials, no, I didn't look  
21 specifically at those materials.

22 I am aware of some of those  
23 efforts, yes, that they -- that they  
24 took.

1                   Q.           (BY MR. ALEXANDER)   Okay.   But  
2       in general, your view is that the awareness  
3       of these problems, these changes in terms of  
4       drug usage patterns, the burden on social  
5       services, did require reasonable county  
6       personnel and officers to take additional  
7       measures in terms of funding, staffing,  
8       policies and procedures, coordination with  
9       other stakeholders, et cetera, to try to  
10      lessen the burden that you were seeing;  
11      correct?

12                  A.           Could you simplify that  
13      question?   I think there's a lot in there.  
14      There was a question at the beginning, and  
15      there's a question at the end.   Could you  
16      simplify that question?

17                  Q.           I can try.   It actually was a  
18      single, very direct question, but I'll do my  
19      shot.

20                         Okay.   So you've described that  
21      you are aware in general that there were  
22      efforts to try to address the additional  
23      social services burden of what you've  
24      described in general as the opioid epidemic,

1 and that was including not just Ohio but  
2 Cuyahoga and Summit County efforts in  
3 general; correct?

4 A. Yes.

5 Q. Okay. And you said that you  
6 first became aware of efforts in Ohio  
7 somewhere around 2014; correct?

8 A. Specifically in Ohio would have  
9 been in 2014, when I started working on the  
10 SSIP project, correct.

11 Q. And I know you haven't put  
12 yourself in the head of somebody who was on  
13 the ground like whoever the executive  
14 director was of the Cuyahoga County Children  
15 and Family Services division within Health  
16 and Human Services from, let's say, 2011  
17 through 2014, but whoever it was, they and  
18 their staff should have been paying attention  
19 to the need to make changes and get  
20 additional staffing and funding to address  
21 the opioid epidemic; correct?

22 MS. FLOWERS: Object to the  
23 form, lack of foundation.

24 THE WITNESS: My experience is

1           that individuals who are at the head  
2           of those agencies are always trying to  
3           garner resources to deal with the  
4           issues of child abuse and neglect and  
5           the parents' and families' needs.

6           That's an ongoing issue, not -- not an  
7           unusual issue.

8           Q.           (BY MR. ALEXANDER)   Right.   And  
9           one of the things that is always a driver of  
10          children and family services is substance  
11          abuse of various kinds; correct?

12          A.           What is unique at that time  
13          period is the flooding of communities with  
14          opioids that they could not keep up with.

15                       And that information came from  
16          senior officials in the departments at the  
17          state level and conversations that I had with  
18          many people in Ohio about what was going on  
19          in Ohio.

20                       MR. ALEXANDER:   So move to  
21          strike as nonresponsive.

22          Q.           (BY MR. ALEXANDER)   Let me ask  
23          my question because I don't think you  
24          answered it?

1 MS. FLOWERS: Objection. She  
2 did answer it. You might not like it,  
3 but she answered it.

4 MR. ALEXANDER: Not even close.

5 Q. (BY MR. ALEXANDER) One of the  
6 things that is always a driver of children  
7 and family services is substance abuse of  
8 various kinds; correct?

9 MS. FLOWERS: Asked and  
10 answered.

11 THE WITNESS: There are always  
12 parents who have needs of -- for  
13 substance abuse treatment in the child  
14 abuse -- I mean in the child welfare  
15 caseload. What is unique in this  
16 situation is that we have never had  
17 orphans, since the orphan trains of  
18 the industrial revolution. That's  
19 unique. That's new.

20 We've never had social workers  
21 say this is the worst that they've  
22 seen. That's new.

23 This is a new era in which the  
24 people on the front lines are saying

1           they have run out of foster care  
2           homes. That's new.

3                   MR. ALEXANDER: So move to  
4           strike as nonresponsive everything  
5           after what is unique.

6                   MR. PENDELL: Objection.

7                   MS. FLOWERS: Objection. She  
8           answered your question fully. You  
9           just don't like it.

10           Q.       (BY MR. ALEXANDER) Let's go  
11   back to the question.

12                   A good administrator of a  
13   children and family services department  
14   should be paying attention to changes in  
15   socioeconomic factors including substance  
16   abuse trends to figure out if they need to  
17   change their budgeting, their staffing, or  
18   their policies and procedures; right?

19                   MR. PENDELL: Objection, form.

20                   THE WITNESS: I've never met a  
21   child welfare administrator or a child  
22   welfare director who has not paid  
23   attention to these conditions and has  
24   not tried to garner resources to make



1           sure that families have what they  
2           need. So if that means that they are  
3           good administrators, that means all  
4           child welfare administrators are good,  
5           at least all the ones that I know.

6           Q.       (BY MR. ALEXANDER) The  
7           question was should. In your expert opinion,  
8           a child services or children and family  
9           services or children's welfare services  
10          administrator should pay attention to these  
11          sorts of changes, including substance abuse  
12          trends, to do their job; right?

13                 MS. FLOWERS: Objection, asked  
14                 and answered three times now.

15                 THE WITNESS: Not only should,  
16                 in your word, they do.

17          Q.       (BY MR. ALEXANDER) Okay. And  
18          for Cuyahoga and Summit County, whoever was  
19          running those departments in the early part  
20          of this decade should have been paying  
21          attention to those trends as well; correct?

22                 MS. FLOWERS: Objection, asked  
23                 and answered.

24                 THE WITNESS: And in my report,

1 I detail the kinds of programs that  
2 they put in place in order to try and  
3 ameliorate the problems that were in  
4 their caseloads.

5 Q. (BY MR. ALEXANDER) And in  
6 general, you think that it is reasonable and  
7 appropriate to initiate programs as soon as  
8 possible to try to ameliorate these problems;  
9 correct?

10 A. I understand the restrictions  
11 on being able to do that, when the caseloads  
12 are such that the resources are not available  
13 to you to be able to do that.

14 When you are having babies  
15 dropped off at your door and you have to find  
16 a place for them, and children that you don't  
17 have a place to put them, then that's your  
18 immediate need. So I understand the reasons  
19 why some of these things can't be immediately  
20 dealt with, because the child safety has to  
21 come first.

22 Q. Do you think that it's  
23 reasonable and appropriate to try to initiate  
24 programs as soon as possible to try to

1 ameliorate these problems; correct?

2 A. I do think it is appropriate  
3 and reasonable when you can to put these  
4 programs in place in order to help families  
5 recover and care for their children.

6 Q. And based upon the analysis  
7 that you've done thus far in the case, the  
8 information available to you that we've gone  
9 over what you've seen and haven't seen, you  
10 are not in a position to talk about whether  
11 all of the measures that have been initiated  
12 in Cuyahoga County were both reasonable and  
13 appropriate in terms of their scope and their  
14 timeliness; correct?

15 MR. PENDELL: Objection to  
16 form.

17 MS. FLOWERS: Lack of  
18 foundation.

19 THE WITNESS: I disagree with  
20 you.

21 Q. (BY MR. ALEXANDER) Have you  
22 disclosed in your expert report somewhere  
23 where you say all of what Cuyahoga County has  
24 done has been reasonable and timely to

1 address the social services burden created by  
2 the opioid epidemic?

3 MR. PENDELL: Objection.

4 THE WITNESS: I do not say that  
5 in my report, and I know that what is  
6 on the ground is not yet sufficient.  
7 It has not yet remediated the problem  
8 that they have.

9 Q. (BY MR. ALEXANDER) So let me  
10 use your words, then. The issue of whether  
11 everything Cuyahoga County has done has been  
12 timely and appropriate was beyond the scope  
13 of your work in this case; correct?

14 MR. PENDELL: Objection, form.

15 THE WITNESS: Could you repeat  
16 that?

17 Q. (BY MR. ALEXANDER) Sure.

18 The issue of whether everything  
19 Cuyahoga County has done has been -- let me  
20 start over. The issue of whether everything  
21 Cuyahoga County has done has been timely and  
22 appropriate was beyond the scope of your work  
23 in this case?

24 MS. FLOWERS: Object to the

1 form. Lack of foundation.

2 THE WITNESS: Yes, that was not  
3 what I was asked to do.

4 Q. (BY MR. ALEXANDER) Same thing  
5 for Summit County. The issue of whether what  
6 Summit County has done in terms of changes in  
7 family services, children's services, was  
8 reasonable and timely, that was beyond the  
9 scope of your work in this case?

10 MS. FLOWERS: Same objection.

11 THE WITNESS: Yes, that is  
12 beyond what I was asked to do.

13 Q. (BY MR. ALEXANDER) In other  
14 words, you're not coming into court and  
15 vouching for Cuyahoga County Children and  
16 Family Services or Summit County Children's  
17 Services, if you say that everything that  
18 they did was reasonable and appropriate as a  
19 response to the opioid epidemic after it  
20 became known to them or should have become  
21 known to them that there was a problem that  
22 required additional efforts; correct?

23 MS. FLOWERS: Object to the  
24 form. Asked and answered.

1 THE WITNESS: That is correct.

2 I've listed in my report what I know  
3 of the efforts that were put forward.

4 Q. (BY MR. ALEXANDER) And  
5 therefore, your recommendations in your  
6 report, the latter part of your report where  
7 you go over some general recommendations of  
8 what should be done and some general  
9 description of what has been done or maybe is  
10 going to be done in the future in the  
11 counties, none of that is intended to take  
12 account for how things would be if the  
13 counties had behaved reasonably and  
14 appropriately in terms of what they did and  
15 when they did it; correct?

16 MS. FLOWERS: Object to the  
17 form. Calls for speculation.

18 THE WITNESS: That is correct.  
19 It was not intended for those purposes  
20 that you state.

21 Q. (BY MR. ALEXANDER) And I want  
22 to make sure we're on the same page, and I'm  
23 pretty sure we are. But essentially -- I  
24 mean, some of what you describe are like best

1 practices and those may emerge over time.  
2 But you have things that you think are  
3 appropriate to be done to address the impact  
4 of increasing substance abuse and the  
5 specifics relating to the opioid epidemic as  
6 you understand it. Correct, in general  
7 terms?

8 A. Yes. Things that we have --  
9 that have been demonstrated in other  
10 communities that have helped remedy the  
11 crisis, if you will.

12 Q. Right. So like you wouldn't  
13 suggest something as a recommendation if you  
14 thought that it wasn't likely to help;  
15 correct?

16 A. That's correct.

17 Q. I mean, we know that you didn't  
18 do any kind of legal feasibility analysis or  
19 consider budget or cost in any of this;  
20 correct?

21 A. That is correct.

22 Q. But in general, when you  
23 recommend something, you recommend the things  
24 you think will help; correct?

1           A.       That is correct.

2           Q.       And the things that you think  
3       should be done now, if they'd been done  
4       before, they may have improved things so that  
5       things would be better now than they are;  
6       correct?

7                   MS. FLOWERS: Object to the  
8       form and lack of foundation.

9                   THE WITNESS: Yes. That is  
10      correct.

11          Q.       (BY MR. ALEXANDER) I mean,  
12      that's the way it works, is if you had, for  
13      instance, think that MAT -- do you know what  
14      MAT means in this context?

15          A.       Yes, I do.

16          Q.       What does it mean?

17          A.       Medication-assisted treatment.

18          Q.       And you think that there are  
19      some barriers, kind of in terms of local law  
20      and coordination between various  
21      stakeholders, that can affect or impair the  
22      efficacy of MAT in treating opioid use  
23      disorder; correct?

24                   MS. FLOWERS: Object to the



1 form and the characterization of the  
2 report.

3 THE WITNESS: I disagree with  
4 your statement. You said that the  
5 barriers of access would interfere  
6 with the efficacy of MAT. And that's  
7 not true.

8 Q. (BY MR. ALEXANDER) So I  
9 actually didn't say access. That maybe was  
10 an add-on.

11 A. No, you -- you said something  
12 about the barriers of local control.

13 Q. So --

14 A. Would interfere with efficacy.

15 Q. Let me put it this way.

16 A. Okay.

17 Q. When it comes to something like  
18 MAT, this is just an example. You have  
19 general best practices recommendations for  
20 the ways that essentially MAT being available  
21 and being implemented can be at its maximal  
22 efficacy; correct?

23 A. Let me look. I don't actually  
24 remember what I said about availability of

1 MAT.

2 Q. Okay. I mean, I can ask you  
3 about NAS, it doesn't really matter. I'm  
4 just saying that when you've recommended  
5 various things that can be done, you  
6 recommend them in ways that we would say,  
7 this isn't just some general category of you  
8 should have MAT and you should have, you  
9 know, policies that address, you know,  
10 placement of children. You have  
11 recommendations that you think are the better  
12 ways to go. That's why they're called best  
13 practices; correct?

14 MS. FLOWERS: Object to the  
15 form.

16 THE WITNESS: It's not what I  
17 think, it's what is borne out in  
18 evaluations. So timely access to  
19 treatment is one of those key  
20 variables for parents in substance --  
21 in child welfare services, yes.

22 Q. (BY MR. ALEXANDER) And if  
23 Cuyahoga and/or Summit County had taken  
24 timely and appropriate steps to address the

1        impact of the opioid epidemic on children and  
2        family services, starting years ago when it  
3        was first known to them that they might need  
4        to take additional steps, your view, as an  
5        expert in this area, is that they're the --  
6        in some ways less to remediate, less to abate  
7        going forward; correct?

8                    MS. FLOWERS: Object to the  
9                    form of the question. Misstates the  
10                   testimony and calls for speculation.

11                   THE WITNESS: You're asking a  
12                   question out of context of what was  
13                   going on in the child welfare system  
14                   during the last half decade, that if  
15                   resources had been available if they  
16                   had not been overrun with children  
17                   coming into their system, all things  
18                   being available to them, that would  
19                   have been ideal.

20                   Unfortunately, they weren't in  
21                   that situation.

22                   Q.        (BY MR. ALEXANDER) Have you  
23                   done an analysis of available money for  
24                   Cuyahoga and Summit County to initiate any

1 programs based upon state funding, local  
2 funding, including levies, federal funding,  
3 anything like that?

4 A. Not specifically.

5 Q. Do you know anything about  
6 where Ohio ranks nationally in terms of the  
7 state's contribution to children and family  
8 services costs that are borne by counties?

9 A. Not specifically.

10 Q. I mean, you've heard Ohio is  
11 last in the nation; right?

12 MS. FLOWERS: Object to the  
13 form.

14 THE WITNESS: I hear that in a  
15 lot of states.

16 Q. (BY MR. ALEXANDER) I mean, if  
17 you went to any of these meetings with PCSAO,  
18 or you saw any of their documents, you would  
19 have seen that the state contribution to  
20 children and welfare budgets, essentially, is  
21 the lowest in the nation, and that it could  
22 be twice as high as it has been and Ohio  
23 would still rank dead last. You've heard  
24 that; right?

1 MS. FLOWERS: Object to the  
2 form.

3 THE WITNESS: I have heard  
4 that, but I frankly also hear that in  
5 California. Because California's  
6 counties contribute a very large  
7 portion of the child welfare budget.  
8 So I don't know the accuracy of that,  
9 but I have heard that.

10 Q. (BY MR. ALEXANDER) So let's  
11 focus on Ohio, and Cuyahoga and Summit  
12 County.

13 A. Mm-hmm.

14 Q. Do you know essentially whether  
15 Cuyahoga and Summit County were hamstrung in  
16 their ability to combat the opioid epidemic  
17 in terms of making changes to how they  
18 provided services and the staffing that would  
19 go along with providing the services by their  
20 low state contribution to budgets?

21 MS. FLOWERS: Object to the  
22 form.

23 THE WITNESS: I don't know  
24 those data specifically.

1                   Q.           (BY MR. ALEXANDER)   You do know  
2           that in general, that as we said, the  
3           staffing levels were lagging for years after  
4           budget cuts in the 2008, 2009 time frame;  
5           correct?

6                   MS. FLOWERS:   Object to the  
7           form, lack of foundation.

8                   THE WITNESS:   I don't know that  
9           specifically.

10                  Q.           (BY MR. ALEXANDER)   Do you know  
11           anything about whether anybody who was like  
12           an executive director or some officer of  
13           Cuyahoga or Summit County children, family  
14           services or children's services, made efforts  
15           to get additional funding and hire additional  
16           staff, at least in part because of what they  
17           observed with the opioid epidemic, and they  
18           failed because their higher-ups or the local  
19           governments or other funding sources  
20           essentially said no during this exact time  
21           period we're talking about?

22                  MS. FLOWERS:   Object to the  
23           form.

24                  THE WITNESS:   I don't know that

1 specifically.

2 Q. (BY MR. ALEXANDER) That would  
3 have been something you could have found out  
4 if you asked anybody who worked in those  
5 counties; right?

6 MS. FLOWERS: Object to the  
7 form, argumentative.

8 THE WITNESS: I do know that  
9 there isn't a child welfare  
10 administrator that I've ever talked to  
11 who isn't advocating for additional  
12 resources.

13 Q. (BY MR. ALEXANDER) Okay. So  
14 let's go back to my question. If you had  
15 asked somebody who worked at those counties  
16 in this time period in appropriate positions  
17 what their history has been of trying to get  
18 money to hire more people, hire more START  
19 advocates, or do anything else because of  
20 their rising caseloads, the increased burden  
21 of NAS babies, any of the things that you  
22 actually talk about in your report as impacts  
23 of what you've described as the opioid  
24 epidemic, you would have information on this

1       that you currently don't have today; right?

2                       MS. FLOWERS: Object to the  
3               form.

4                       THE WITNESS: That's -- that's  
5               possible.

6               Q.       (BY MR. ALEXANDER) Okay. And  
7       if funding wasn't provided to make things  
8       better, to mitigate the harms as you think  
9       would have been reasonable and appropriate,  
10      that's certainly not something you blame on  
11      any of the defendants in this case, is it?

12              A.       I specifically don't think that  
13      it's appropriate for the taxpayers of  
14      Cuyahoga and Summit to clean up the mess of  
15      the prescription opioid crisis in their  
16      counties for child welfare.

17              Q.       Is that a personal opinion or  
18      is that an expert opinion --

19              A.       That's my --

20                      Both.

21              Q.       How is that an expert opinion  
22      about whether it's fair for taxpayers to do  
23      something or not do something?

24              A.       You're right, that's my



1 personal opinion. But as an expert, as I see  
2 changes in caseloads, it often takes several  
3 years for budgets to catch up with that.

4 That's a -- that is what happens.

5 Legislatures don't meet soon enough for data  
6 to be able to get to them to be able to say  
7 this is what is going on. It often takes  
8 some time for the data to even be available  
9 that the caseloads are going up. So by the  
10 time that the information is available that  
11 we have a crisis and for the legislature to  
12 be back in session for the governor to make a  
13 request, there often can be a lag between  
14 those time periods.

15 Q. And that general subject that  
16 you've just been describing, you didn't  
17 specifically look at that for Cuyahoga or  
18 Summit County, did you?

19 A. No, but I do know that that is  
20 how the budget cycle in state governments  
21 work.

22 Q. Cuyahoga and Summit County in  
23 terms of their children's services  
24 departments, they track caseloads, don't

1       they?

2               A.       Yes, they track caseloads.

3               Q.       And you didn't look at any data  
4 relating to what their caseloads were over  
5 time; correct?

6                       MS. FLOWERS: Object to the  
7 form, lack of foundation.

8                       THE WITNESS: That is what the  
9 report shows in Cuyahoga and Summit,  
10 is their caseload over time.

11                      Oh -- yes.

12               Q.       (BY MR. ALEXANDER) I'm sorry,  
13 did you hear my question?

14                      Did you look at any data on  
15 what the caseloads were over time, like per  
16 worker caseloads as they calculated them?

17               A.       No, I didn't look per worker  
18 caseload.

19               Q.       And did you look at what the  
20 testimony was of the various officials on the  
21 issue of their caseload over time per worker  
22 or what factors might have driven changes  
23 over time in caseloads?

24               A.       Yes. That information was in

1 the depositions.

2 Q. So if you go to the first page  
3 of Exhibit 3? It's the blue thing. Yeah.

4 So at the top, right above  
5 where we stopped, there are three categories  
6 of documents.

7 It's the one where the sticker  
8 is, ma'am. That page. That has the titles  
9 on it.

10 So the first one says,  
11 Corrected Second Amended Complaint and Jury  
12 Demand, et cetera. County of Summit. Do you  
13 see that?

14 A. Yes.

15 Q. Did you actually read that  
16 whole complaint?

17 A. I read the first portion of the  
18 complaint.

19 Q. I mean, it's like several  
20 hundred pages; right?

21 A. Yes.

22 Q. So when you say first portion,  
23 what do you mean?

24 A. I believe I stopped about page

1 38 or 40.

2 Q. What about the complaint from  
3 Cuyahoga County? Did you look at that ever?

4 A. I'm sorry, I don't recall which  
5 of those complaints I read. If it was  
6 Cuyahoga or Summit.

7 Q. The only one listed here is  
8 Summit, ma'am. That's the first entry on  
9 Exhibit 3. It says Summit County right  
10 there.

11 So the question is, did you  
12 ever review any allegations made by Cuyahoga  
13 County?

14 A. I'm sorry, I don't recall.

15 Q. Did you rely on anything in  
16 that complaint for any of your opinions?

17 A. No.

18 Q. Second thing says Summit County  
19 and City of Akron, Ohio amended responses and  
20 objections to National Retail Pharmacy  
21 Defendants First Set of Interrogatories and  
22 Distributor Defendants Fourth Set of  
23 Interrogatories.

24 Do you even know what an

1       interrogatory is?

2               A.       No, I do not.

3               Q.       Did you rely on that document  
4       for any opinions at all?

5               A.       No, I did not.

6               Q.       Did you actually read that one?

7                       MS. FLOWERS: Object to the  
8       form.

9                       THE WITNESS: I don't recall.

10              Q.       (BY MR. ALEXANDER) Did you  
11       help the plaintiffs put that one together?

12                     MS. FLOWERS: Object to the  
13       form. To the extent that would call  
14       for --

15                     THE WITNESS: I don't know what  
16       an interrogatory is.

17              Q.       (BY MR. ALEXANDER) What about  
18       the City of Akron? Do you know what their  
19       role is in the first trial at all? Are they  
20       part of it? Are they not part of it?

21              A.       I don't know.

22              Q.       So then, after that are listed  
23       several deposition transcripts. And it  
24       has -- it all says that they have exhibits

1 with them.

2 1, 2, 3, 4, 5, 6, 7, 8, 9, 10,  
3 11, 12, 13.

4 You didn't review all 13 of  
5 those deposition transcripts, with or without  
6 exhibits; correct?

7 MS. FLOWERS: Object to the  
8 form. Misstates the testimony.

9 THE WITNESS: No. I mentioned  
10 the ones that I read.

11 Q. (BY MR. ALEXANDER) Okay. And  
12 seeing this list of the other ten, it doesn't  
13 make you think you reviewed more than  
14 Weiskittel, Barnes, and Cabot?

15 A. No.

16 Q. So Cynthia Weiskittel, do you  
17 know what her position was? Like which  
18 county she was with? What her title was?

19 A. Cuyahoga.

20 Q. And just in general. I don't  
21 need her exact title.

22 A. The director of children's  
23 services.

24 Q. And what about Ms. Barnes?

1           A.       The director of children's  
2       services.

3           Q.       For which county?

4           A.       For Summit.

5           Q.       And Mr. Cabot, what do you  
6       think his title was?

7           A.       Some senior manager type  
8       position for Cuyahoga, and he had previously  
9       been the manager of the START program.

10          Q.       So like before Ms. Weiskittel  
11       there were other directors of the Cuyahoga  
12       County department; right?

13          A.       Correct.

14          Q.       Did you review any of those?  
15       Like let's say Patricia Rideout, who was the  
16       former executive director of children and  
17       family services for Cuyahoga County.

18                   Did you review that one?

19          A.       No. I know Pat Rideout.

20          Q.       Have you talked with her about  
21       any of this?

22          A.       Not for -- I haven't seen Pat  
23       in a few years.

24          Q.       You knew her through the

1 foundation where she has worked at different  
2 times in her career? The --

3 A. No, I knew her when she was in  
4 Cuyahoga and I have run into her  
5 professionally periodically.

6 I don't recall the last time I  
7 saw her in person, but -- and --

8 Q. Is she somebody you respect in  
9 this field?

10 A. Oh, yes.

11 Q. And I think you said you don't  
12 know Weiskittel, Barnes, or Cabot personally?

13 A. I'm fairly certain I have met  
14 Julie Barnes, but I -- I couldn't tell you  
15 100 percent for sure.

16 Q. Do you know enough to know  
17 whether she is somebody who you respect as a  
18 person in this field?

19 A. I don't know any reason why I  
20 would not respect her in this field.

21 Q. What about any of the others,  
22 Debra Forkas, for example? Do you know  
23 anything about her?

24 A. I know that she served as a



1 director in the department.

2 Q. In which county?

3 A. Cuyahoga.

4 Q. And did you know she also used  
5 to be an official in Summit County in this  
6 area?

7 A. No, I didn't know that.

8 Q. And do you know if there is  
9 relevant testimony from any of these  
10 depositions that you haven't read that are  
11 listed here as having been considered by you  
12 that actually pertain to the very subjects  
13 we've been discussing?

14 MS. FLOWERS: Object to the  
15 form.

16 THE WITNESS: I haven't read  
17 their depositions.

18 Q. (BY MR. ALEXANDER) So you  
19 don't know if they actually have very  
20 pertinent information that's directly related  
21 to what we've been talking about, do you?

22 A. No, I do not.

23 Q. And when you looked at  
24 Weiskittel, Barnes, and Cabot, did you try to

1 pay attention to if they said things that  
2 were, you know, contrary to plaintiffs'  
3 general theory of the case as spelled out in  
4 the complaint that you reviewed in part?

5 A. I paid attention to their  
6 depositions, yes.

7 Q. Was there anything you recall  
8 seeing in either of those three depositions  
9 that you actually reviewed where you said,  
10 you know, this person doesn't know what  
11 they're talking about? They're clueless?  
12 Anything like that?

13 A. No, I did not.

14 Q. Did you see any information in  
15 there that you thought was useful to you in  
16 offering your opinions in this case?

17 A. There was nothing in the  
18 depositions that surprised me.

19 Q. Did you -- so looking at this  
20 list, you see that there are these 13 listed  
21 with all these exhibits, where it says  
22 transcript and exhibits? Do you see that?

23 A. I didn't count them. Did you  
24 count them correctly?

1 Q. Yeah.

2 A. Okay. If you counted  
3 correctly, 13, then there are 13 there.

4 Q. But you see each one says and  
5 exhibits. Do you see that?

6 A. Yes.

7 Q. And so when you read the  
8 transcript, at the -- like the second page,  
9 there's a list of all the exhibits that are  
10 attached to the transcript, and then as you  
11 go through the transcript, there will be  
12 questioning by like, I don't know, me, in  
13 these depositions, where it says, here, let's  
14 look at this exhibit and talk through the  
15 content of this document that's been marked  
16 as an exhibit. Do you remember reading that  
17 sort of thing?

18 A. Yes, I do.

19 Q. And did that lead you to ask  
20 the plaintiffs if you could actually see the  
21 exhibits that were being referenced and  
22 discussed?

23 A. No, it did not.

24 MR. ALEXANDER: Is now a good

1           time for a lunch break, ma'am?

2                   I think we've actually been  
3           going more than an hour this time, but  
4           I don't really care. I can keep going  
5           if you guys want or we can break.

6                   THE WITNESS: Is lunch here?

7                   MS. FLOWERS: Lunch is coming  
8           at 12:30, so yes, it is.

9                   Let's go off the record.

10                  THE VIDEOGRAPHER: We are now  
11           going off the record. And the time is  
12           12:45 p.m.

13                   (Recess taken, 12:46 p.m. to  
14           1:34 p.m.)

15                  THE VIDEOGRAPHER: We are now  
16           going back to the record, and the time  
17           is 1:34 p.m.

18           Q.       (BY MR. ALEXANDER) Dr. Young,  
19           is there any of your testimony that you gave  
20           before the lunch break that you need to amend  
21           or supplement in any way?

22           A.       No, there is not.

23           Q.       In your own words, what are the  
24           areas where you claim to have expertise that

1 is relevant to the testimony you intend to  
2 offer at trial?

3 A. I am an expert in the social  
4 policy issues related to children of parents  
5 with substance use disorders and specifically  
6 how they relate to the child welfare system.

7 Q. Anything else?

8 A. No. Those -- those are the  
9 areas of my expertise, how the treatment  
10 system, the court system, and the child  
11 welfare system work together in different  
12 models that address those issues for children  
13 and parents that cross between those systems.  
14 So family treatment courts, and various  
15 models to put in place to assist families and  
16 children.

17 Q. I asked you earlier about  
18 medical expertise. Do you have any claimed  
19 expertise in terms of epidemiology,  
20 biostatistics, or economics?

21 MR. PENDELL: Objection to  
22 form.

23 THE WITNESS: No. I have taken  
24 graduate school courses in those

1           courses, but I am not an expert in  
2           those areas.

3           Q.       (BY MR. ALEXANDER) And so  
4           included in economics, health care economics  
5           or pharmacoeconomics, do you have expertise  
6           in those areas?

7                   MR. PENDELL: Objection, form.

8                   THE WITNESS: No. I took  
9           general economics in Ph.D. program.

10          Q.       (BY MR. ALEXANDER) What about  
11          the regulation of drawings, either from FDA  
12          or the Drug Enforcement Agency, do you claim  
13          any expertise in those areas?

14          A.       I have knowledge of those areas  
15          because of my area of knowledge around  
16          substance abuse treatment, but I am not an  
17          expert in the FDA or DEA.

18          Q.       Do you intend to offer any  
19          opinions related to anything relating to the  
20          diversion of controlled substances?

21          A.       No, I do not.

22          Q.       Do you have any expertise in  
23          neuropsychology or neuropharmacology?

24                   MR. PENDELL: Objection, form.

1 THE WITNESS: No. I am aware  
2 of neuropharmacology and particularly  
3 as it relates to substance use  
4 disorders, and I have given  
5 presentations many times on the reward  
6 pathway and the way in which different  
7 substances react or act on the reward  
8 pathway. But I am not an expert that  
9 I would be offering testimony on those  
10 issues. I believe you have other  
11 experts that would be called on to do  
12 that.

13 Q. (BY MR. ALEXANDER) Do you  
14 claim any expertise in pain medicine or  
15 addiction medicine?

16 A. No. I am very familiar with  
17 addiction medicine. I have written papers  
18 with addiction medicine physicians, but I am  
19 not an expert in addiction medicine and I  
20 would not be offering testimony about  
21 specific addiction medicine.

22 Q. What's the subject of your  
23 Ph.D.?

24 A. Broadly, social policy.

1 Q. What was your thesis?

2 A. I was awarded a predoctoral  
3 fellowship with the National Institute on  
4 Drug Abuse to look specifically at a  
5 population of children that had been  
6 prenatally exposed to substances, and I  
7 looked at how they were doing after an early  
8 intervention program that they participated  
9 in in LA Unified School District. And I  
10 looked at their assessments while they were  
11 in the primary grades compared to their  
12 classmates. That was my dissertation topic.

13 Q. Was that prenatal exposure to  
14 cocaine?

15 A. Primarily cocaine, yes.  
16 Those -- that population was primarily  
17 cocaine.

18 Q. I don't see that in any of the  
19 materials that you disclosed to us that you  
20 reviewed in connection with this case, that  
21 you looked specifically at the body of  
22 medical literature or scientific literature  
23 on the essentially lingering effects, if any,  
24 of prenatal exposure to cocaine in terms of



1 the need for additional social or educational  
2 interventions or services. Did you look at  
3 any of that for this case?

4 MS. FLOWERS: Objection, form.

5 THE WITNESS: Not specifically.

6 That's in the body of my knowledge.

7 Q. (BY MR. ALEXANDER) And in  
8 general, within a certain period of time  
9 prenatally exposed -- I'm sorry, or children  
10 who are prenatally exposed to cocaine don't  
11 have additional needs for educational or  
12 social services compared to similar peers  
13 once you account for all socioeconomic  
14 factors; correct?

15 MS. FLOWERS: Objection, form.

16 THE WITNESS: That -- I don't  
17 know that I could agree with you on  
18 that.

19 Q. (BY MR. ALEXANDER) After how  
20 long? About 18, is it, months where you stop  
21 being able to see that there's any need for  
22 additional interventions based upon the  
23 prenatal exposure as opposed to all of the  
24 other socioeconomic factors?

1 MS. FLOWERS: Objection, form.

2 Lack of foundation.

3 THE WITNESS: That's not what I  
4 found in my dissertation, and I don't  
5 believe that that's what the  
6 literature bears out over time.

7 Q. (BY MR. ALEXANDER) What do you  
8 think the consensus view is about how long it  
9 is that there is a discernable need after you  
10 control for all appropriate other causes for  
11 additional educational and social services  
12 needs?

13 A. I would want to refresh my  
14 memory on the American Academy of Pediatrics  
15 review of 40 years of literature that came  
16 out in 2013, or it might have been 2016.  
17 That they looked at each of the substances to  
18 look at the short-term and the long-term  
19 effects of the literature on each substance.  
20 So I wouldn't want to state it off the top of  
21 my memory.

22 Q. So whatever is in the most  
23 recent review from the American Academy of  
24 Pediatrics on this topic is what you think is

1 the consensus view?

2 A. At that time, yes.

3 Q. Has it changed since then?

4 A. Well, literature is coming out  
5 all the time on new studies and new research  
6 that comes out.

7 Q. My question was about the  
8 consensus view. Has the consensus view on  
9 this issue changed since the last publication  
10 from the American Academy of Pediatrics?

11 MS. FLOWERS: Objection, form.

12 Can you just tell her what view?

13 MR. ALEXANDER: Go ahead.

14 THE WITNESS: Not that I'm  
15 aware of.

16 Q. (BY MR. ALEXANDER) Do you  
17 think as you sit here today there is a  
18 consensus view on whether and for how long  
19 there will be a need for additional medical  
20 or social services needs or services to be  
21 rendered to the children who are born with  
22 prenatal exposure to opioids or heroin?

23 MR. PENDELL: Objection, form.

24 THE WITNESS: There is not a

1           consensus view, and what the American  
2           Academy of Pediatrics said in that  
3           review was that there was not enough  
4           research on the long-term consequences  
5           of opioid exposure prenatally.

6           Q.       (BY MR. ALEXANDER) Is that  
7           your view as you sit here today? Or your  
8           expert opinion?

9           A.       That is the consensus statement  
10          from the AAP.

11          Q.       And do you agree with it?

12          A.       Yes.

13          Q.       Let me ask you in general, we  
14          talked about how your report does cite a  
15          number of sources you've described as  
16          references. Each of these references  
17          included in your expert report, whether the  
18          version that's Exhibit 1 or Exhibit 2, were  
19          things that you thought were appropriate to  
20          cite; correct?

21          A.       Yes, that's correct.

22          Q.       And you only cited references  
23          that you thought were reliable sources?

24          A.       Yes, that's correct.

1           Q.       So there are a couple of them  
2       that are cited in a number of places. The  
3       Seay article, the Radel. Is that how you say  
4       it?

5           A.       Radel, yes.

6           Q.       The Radel article.  
7                    The Hall article; correct?

8           A.       Yes.

9           Q.       Is there anything in any of  
10       those publications that you thought was  
11       incorrect and you cited it anyway?

12          A.       No.

13          Q.       What about the various  
14       governmental publications that you've cited  
15       from SAMHSA or Health and Human Services or  
16       any of the other governmental publications  
17       that you've cited as references, is there  
18       anything in those that you think is incorrect  
19       in terms of the data or analysis they present  
20       or the recommendations or conclusions they  
21       present?

22          A.       Not to my knowledge.

23          Q.       Did you pay attention to that?

24          A.       Yes, I did.

1           Q.       And in terms of just overall,  
2       when you've cited something as a reference,  
3       you intend that the entirety of it is  
4       something that is appropriate, scientific  
5       information that you can consider reliable  
6       and relevant to what you've cited it for;  
7       right?

8                   MS. FLOWERS:   Objection, form.  
9           Asked and answered.

10                  THE WITNESS:   That would be the  
11       scientific standard; that's correct.

12           Q.       (BY MR. ALEXANDER)   And your  
13       own articles, the things that you have cited  
14       with your summary of qualifications, the  
15       things that have appeared under your name in  
16       the published medical literature, do you  
17       stand by all of those?

18           A.       Well, there are certainly  
19       things that were published a while ago that  
20       we have more information on now that, you  
21       know, obviously new findings come out that  
22       have changed over time.

23           Q.       Are there specific things in  
24       mind that you'd say are in publications where

1       you know that they're now outdated or  
2       inapplicable?

3               A.       Not that I can think of off the  
4       top of my head.

5               Q.       Other than that, that some of  
6       the things are essentially time limited, are  
7       there any specific errors or issues with your  
8       own publications that you're aware of as you  
9       sit here today?

10              A.       Not that I know of.

11              Q.       What about your presentations?  
12       We've talked about some of them, but  
13       obviously, like you presented in Bethesda,  
14       Maryland last May, at a national conference,  
15       and you've presented orally and in writing  
16       before a senate subcommittee in 2016. Right  
17       so far?

18              A.       Yes. I make many public  
19       presentations, yes.

20              Q.       Are there -- I mean, I won't  
21       make it unfair, hopefully, but if we just go  
22       back to like the last ten years of them, are  
23       there any of your public presentations where  
24       you used slides and you presented data or

1 conclusions that you are aware there are  
2 issues with the data or conclusions that you  
3 presented in professional or public fora?

4 MS. FLOWERS: Objection, form.

5 THE WITNESS: No. And I can  
6 also tell you that if I am ever making  
7 a presentation that is on behalf of  
8 the National Center on Substance Abuse  
9 and Child Welfare, that it is reviewed  
10 by the project officers that have  
11 oversight of that contract. So it is,  
12 in fact, not just my information, but  
13 it is reviewed by the federal  
14 government before I make a  
15 presentation.

16 Q. (BY MR. ALEXANDER) So in other  
17 words, when we have your slides, that you've  
18 presented in some professional setting over  
19 this last ten-year time period and you were  
20 presenting on behalf of the National Center  
21 on Substance Abuse and Child Welfare, we can  
22 be sure that you stand by that what you  
23 presented was accurate and complete?

24 A. And you can be assured that a



1 project officer for the federal government  
2 has reviewed those, because it says that the  
3 presentation was sponsored by the federal  
4 government.

5 Q. So with your addition, what I  
6 said was correct?

7 A. That's correct.

8 Q. And are there any of these  
9 publications that have your name on them,  
10 Dr. Young, where you presented or you put  
11 your name on some public presentation or  
12 something was generated as a report that came  
13 out of your work, where you know as you sit  
14 here today there are issues with it and parts  
15 of it that you would say, I really can't  
16 stand by some parts of it?

17 A. Not that I remember at this  
18 point.

19 Q. So one of the things I  
20 understand from your report is that your  
21 staff prepares a quarterly bibliography or  
22 summary of relevant literature?

23 A. Yes.

24 Q. And is that a single document

1 or are these subject-specific summaries or  
2 bibliographies?

3 A. It has different topics in that  
4 by topic.

5 Q. Did you look at any of those  
6 bibliographies or summaries for your work  
7 here?

8 A. I review them periodically, so  
9 it wouldn't have been something that I would  
10 have done specifically. It's something that  
11 I do on an ongoing basis to keep up on the  
12 literature.

13 Q. Specifically for the work here,  
14 is there some summary or bibliography  
15 generated in 2019 or updated in 2019 that  
16 relates to the topics of your expert report?

17 A. No, there is not.

18 Q. So like the general subject of  
19 the expert report relates to the issue of the  
20 impact of substance abuse by pregnant women  
21 and parents in connection with the delivery  
22 of children and family services; correct?

23 MS. FLOWERS: Objection, form.

24 THE WITNESS: I'm sorry, you're

1           going to have to break that out. It  
2           relates generally to -- I think you  
3           threw a couple of things in there.

4                     MR. ALEXANDER: I'll do it this  
5           way.

6           Q.        (BY MR. ALEXANDER) From your  
7           perspective, if you were to give a  
8           one-sentence answer, what's the general  
9           subject of the expert testimony you plan to  
10          give at trial?

11          A.        The implications of the opioid  
12          epidemic on child welfare practice.

13          Q.        Have you, Dr. Young, or your  
14          staff compiled or updated in 2019 what you  
15          believe is the best and most accurate  
16          compilation of medical literature on that  
17          subject?

18          A.        It wouldn't be just  
19          specifically medical literature. We keep up  
20          on the medical and social science literature  
21          on that topic.

22          Q.        Okay. So is there an updated  
23          compilation, a bibliography or a summary from  
24          this year, of medical and scientific

1 literature on the topic of the implications  
2 of the opioid epidemic on child welfare  
3 practice?

4 A. It wouldn't be collected in  
5 that way. It would be what are the new  
6 articles that have come out this year that we  
7 would track. And it would include things  
8 like I received yesterday a report from the  
9 Supreme Court in Vermont that states that  
10 half of the cases in Vermont in their child  
11 welfare system are affected by opiates.

12 So we would -- we would monitor  
13 that. We would keep track of that.

14 Q. So are there any additional  
15 sources, including published medical or  
16 scientific literature or governmental sources  
17 like you've just described, that you intend  
18 to rely on for your opinions in this case but  
19 are neither cited in your report nor the  
20 attachment, the Exhibit 3 that we've already  
21 marked?

22 A. I don't know that I would need  
23 to cite that or rely on that for my  
24 testimony, but I know that there are a few

1 articles that I haven't been able to get to  
2 in the last six weeks, is a compilation that  
3 came out of a group at the University of  
4 Minnesota. I wasn't able to attend; I sent a  
5 staff member. And it's a compilation of some  
6 articles that I actually gave the person who  
7 was putting it together referrals to various  
8 researchers. She had the topics and I gave  
9 her referrals to various researchers that  
10 would be good people to write those articles.  
11 That compilation has been -- has come out,  
12 and I just haven't had a chance to get back  
13 to it to read that. So I'm anxious to be  
14 able to read that. I know that's waiting for  
15 me. But I don't believe that there will be  
16 anything in there that I'm not already aware  
17 of, since I'm the one who sent that person to  
18 those researchers. So that is out there for  
19 me to read.

20 Q. The Minnesota document you just  
21 described that you haven't read yet but have  
22 on your plate, so to speak?

23 A. Yes.

24 Q. Does that relate to anything

1       about opioids?

2               A.       Oh, I'm sure it will, because  
3       there's many people that are, you know,  
4       trying to tease out what's happening about  
5       opioids. But I don't know specifically what  
6       the researchers put into that compilation.

7               Q.       So other than the possible  
8       inclusion of that document that you haven't  
9       read yet, are there pieces of medical or  
10      scientific literature or governmental  
11      publications that you rely on as you sit here  
12      today but have not cited or identified for  
13      us, from the attachments to Exhibits 1 or 2,  
14      or to the listing of materials in Exhibit 3?

15              A.       I mean, there -- I don't know  
16      how to answer that question exactly, because  
17      there's stuff that comes out all the time. I  
18      interacted with Stephen Patrick the week  
19      before last on an op ed that he wrote, and  
20      gave him some feedback on that. So I know  
21      that's coming out. It's an op ed; it's not a  
22      scientific piece. But he publishes  
23      frequently. He's at Vanderbilt and he's a  
24      very well known pediatrician, neonatologist,

1       that works on NAS issues, and he's somebody  
2       who I keep up with.

3                       There's lots of literature  
4       that's coming out specific to these issues.  
5       So I can't say that there would be nothing  
6       that wouldn't inform my expertise between now  
7       and trial. Is there anything that I would  
8       rely on? To be honest, I don't know what the  
9       rules are on that. There will be more  
10      information that comes out between now and  
11      trial.

12               Q.       So I wasn't asking about things  
13      that don't exist yet.

14               A.       Okay.

15               Q.       Okay? And we understand you  
16      have cited some articles from Dr. Patrick on  
17      neonatal abstinence syndrome. There are  
18      specific citations to him included in your  
19      disclosed materials.

20                      I'm asking about things you  
21      haven't cited that already exist. Are there  
22      pieces of medical literature, scientific  
23      literature, or government publications that  
24      you rely on as you sit here today but have

1 not disclosed?

2 A. No.

3 Q. In connection with the sort of  
4 tracking of changes in the medical or  
5 scientific literature that your staff does  
6 outside of litigation, do they also pay  
7 attention to if there are slides included in  
8 some of your standard and recurring  
9 presentations that would need to be updated  
10 or changed because the literature has changed  
11 or data has changed?

12 A. Yes. And would you like to  
13 know the process?

14 Q. No. I'll ask the specific  
15 question.

16 A. All right.

17 Q. So I think what we can see is  
18 that included in your report, I think we  
19 alluded to this earlier, and in some of your  
20 presentations, there's some slides and  
21 charts, graphics, whatever, that basically  
22 recur.

23 You use them in multiple  
24 presentations. They're part of your standard



1 set. Do you understand what I'm saying?

2 A. Yes.

3 Q. And that's true for your  
4 report, that some of what's included in your  
5 report, these are things that you presented  
6 before in slides, or kind of portions of  
7 published literature that you've cited  
8 before? Correct?

9 MS. FLOWERS: Objection, form.  
10 Lack of foundation.

11 THE WITNESS: With updated  
12 data, that is correct.

13 Q. (BY MR. ALEXANDER) Right?

14 And I'm not saying that, you  
15 know, it's plagiarized or you plagiarized  
16 yourself, that's not the nature of my  
17 questions. It's that basically the way it  
18 works because you do present so frequently,  
19 often on similar subjects, is you essentially  
20 pay attention to the need to replace outdated  
21 slides and tables and graphs, if they've been  
22 superseded or otherwise shown to be  
23 unreliable or inapplicable going forward;  
24 correct?

1 MS. FLOWERS: Objection, form.

2 THE WITNESS: Yes, I do try and  
3 stay current.

4 Q. (BY MR. ALEXANDER) So in your  
5 report, there's a reference to asking  
6 Dr. Hall to generate some data and share it  
7 with you coming out of the work that Dr. Hall  
8 did on the START program down in Kentucky.  
9 Do you remember that?

10 A. Yes, I do.

11 Q. Other than that -- and we'll  
12 talk about it. Other than that, are there  
13 any other researchers or databases where you  
14 have obtained information that is not  
15 otherwise publicly available for purposes of  
16 the opinions you intend to offer in this  
17 case?

18 A. No, there is not.

19 Q. Are there private  
20 conversations, conversations you've had with  
21 specific workers in this area or authors or  
22 researchers or government officials, that you  
23 intend to rely on for any of your opinions?

24 MS. FLOWERS: Object to the

1 form.

2 THE WITNESS: I have  
3 conversations with workers, officials,  
4 stakeholders, commissioner of  
5 children's bureau, directors, elected  
6 officials, frequently.

7 Not a single person who I have  
8 interacted with in the child welfare  
9 field has told me that it is anything  
10 other than opioids that is driving the  
11 child welfare caseload increase.

12 Q. (BY MR. ALEXANDER) Have you  
13 completed your answer?

14 A. I have completed my answer.  
15 Those -- so --

16 Q. Can you name the people you  
17 were just referencing in that prior answer,  
18 all of them?

19 A. They would be very numerous.  
20 I don't know if I can name all  
21 of them. I can give positions of who I have  
22 talked to.

23 Q. If you could give the actual  
24 name with the position, and maybe do it in

1 groups of ten and then we'll figure out how  
2 far to go before we stop the process. Can  
3 you give me the first ten people you've had  
4 that conversation with by their title and  
5 their name?

6 MS. FLOWERS: Objection, form.

7 THE WITNESS: Let's see. I  
8 would start with the findings from  
9 Laura Radel.

10 Q. (BY MR. ALEXANDER) So just to  
11 orient, again, my question was about  
12 conversations.

13 A. Yes.

14 Q. So I'm not asking about that  
15 you read a paper or you saw a published  
16 presentation or -- I'm talking about private  
17 conversations.

18 So like remember we said that  
19 you, I guess, called or e-mailed or  
20 something, Dr. Hall and said, hey, can you  
21 generate some data for us that we're going to  
22 use in my litigation expert report based upon  
23 data that you've been gathering on START in  
24 Kentucky. Do you remember that?

1 A. Yes, I do remember that.

2 Q. And so I asked you about if  
3 you're relying on any conversations with  
4 researchers, children's services  
5 professionals, or government officials, for  
6 any opinions that you have. And so I'm  
7 talking about conversations, not published  
8 literature, not government reports, not  
9 something somebody said to -- from a stage to  
10 an audience of, you know, 600 professionals.  
11 Are you with me so far?

12 A. Yes.

13 Q. Are there any private  
14 conversations like that where you can  
15 identify who -- that you've had with -- who  
16 you've had them with?

17 A. So Laura Radel is somebody who  
18 I've known since 1989. We've had that  
19 conversation about drug use patterns on  
20 multiple occasions.

21 Q. Anyone else?

22 A. I'm not really -- I can't  
23 really remember details of other people.

24 Q. So when you said in response to

1 a prior question that you had conversations  
2 with workers, officials, stakeholders,  
3 commissioners of children's bureaus,  
4 directors, elected officials, not a single  
5 person I've interacted with in child welfare  
6 has told me, and then you gave a continuation  
7 of an answer. The only person you're talking  
8 about there is Laura Radel?

9 MS. FLOWERS: Objection, form.

10 MR. PENDELL: Objection, form.

11 THE WITNESS: Probably that I  
12 could remember specific names of.

13 Q. (BY MR. ALEXANDER) How about  
14 titles and states or governmental entity?  
15 Can you give us any detail?

16 A. It's a general sense of these  
17 conversations. No, I don't think I can.

18 Q. Okay. So if we wanted to kind  
19 of follow up and check on this as opposed to  
20 just taking your ipse dixit, your Word for  
21 it, the only one we could contact would be  
22 Laura Radel; is that correct?

23 MR. PENDELL: Objection to the  
24 use of the Word "ipse dixit."

1 THE WITNESS: I missed the Word  
2 that you used.

3 MR. ALEXANDER: Take your Word  
4 for it.

5 THE WITNESS: No, before that.

6 Q. (BY MR. ALEXANDER) I used a  
7 Latin phrase, ipse dixit, the thing speaks  
8 for itself.

9 I say a thing, it's -- I don't  
10 know if you speak Latin at all. It's --  
11 could be any gender, or neutral.

12 Do you need me to repeat the  
13 question?

14 A. Yeah, I couldn't come up with  
15 other specific names.

16 Q. Okay. Remember I also asked  
17 you if you can identify anybody by their  
18 position or the governmental entity that they  
19 might hold a position with. Can you do that?

20 A. Well, when you put the caveat  
21 on not having it be a public statement, I had  
22 to rethink that a bit. And that's where I  
23 think I'm not as clear on who I would refer  
24 to.

1 Q. You said Laura Radel is --

2 A. So --

3 Q. I'm sorry, I thought you were  
4 done.

5 A. And Laura obviously would have  
6 knowledge because she worked on the ASPE  
7 study specifically.

8 Q. Is she a Dr. Radel?

9 A. No. She has a Masters degree.

10 Q. Okay. All right. So she's the  
11 only one you can name specifically or  
12 generally for anything you're relying on  
13 that's in the nature of a private  
14 conversation for any topic you intend to  
15 opine on in your report; correct?

16 A. Well, and now as I'm thinking  
17 about it, I'm trying to remember if there  
18 were -- if that was exactly a private  
19 conversation or if that was more at a  
20 meeting. When we were talking about her data  
21 and her report.

22 Q. Do you intend to rely on any  
23 private conversations you've had with any  
24 researcher, government official, or



1 children's services professional for any  
2 opinions you intend to give at trial in this  
3 case?

4 MS. FLOWERS: Objection, form.  
5 Asked and answered.

6 THE WITNESS: It's probably  
7 more just my ongoing work and  
8 conversations with people that I have  
9 in general, you know, in my everyday  
10 work.

11 Q. (BY MR. ALEXANDER) Can you  
12 name anybody who's been part of any of those  
13 conversations?

14 MS. FLOWERS: Objection. Asked  
15 and answered.

16 THE WITNESS: As I said, I have  
17 conversations with lots of people --  
18 e-mail conversations, lots of people,  
19 frequently. But not that it would be  
20 that conversation that I relied on for  
21 this work, nor that it was specific to  
22 this report.

23 It is more of the overall  
24 knowledge base that I carry.

1           Q.       (BY MR. ALEXANDER) Can you  
2       name anybody who you would say has provided  
3       you information through one of these  
4       conversations that you're going to rely on  
5       for opinions in this case? Regardless of  
6       whether the conversation was specifically for  
7       the case.

8           A.       No. As a matter of fact, not  
9       that that would be a person that would not  
10      have also already published also.

11          Q.       Okay. So you rely on the  
12      published information, not the private  
13      conversations; correct?

14          A.       Yes. I'm sorry, that was a  
15      long way around to that.

16          Q.       Okay. So I understand that  
17      your company also tracks "solutions" to see  
18      how they're doing in this area?

19                   Do you have a database of that?  
20      Or is it just anecdotal sort of tracking?

21                   MS. FLOWERS: Object to the  
22      form.

23                   THE WITNESS: We don't have a  
24      database of that. We are trying to

1           have a database of that. We don't  
2           have.

3           Q.       (BY MR. ALEXANDER) Okay. So  
4           in your report it says, I have also tracked  
5           the solutions that states and communities  
6           have implemented. That tracking has been  
7           conducted how?

8           A.       We have various reports that we  
9           are required to file. Some of -- most of  
10          them are on our website. I refer to some of  
11          them in my report. So our reports that are  
12          submitted on our various contracts.

13          Q.       So the reports on your website,  
14          the website for national -- I'm sorry, for  
15          Children and Family Futures. Sorry, is that  
16          the entity you're talking about or a  
17          different entity?

18          A.       Yes. Children and Family  
19          Futures, or if it was specifically under the  
20          National Center on Substance Abuse and Child  
21          Welfare, then their reports would be --  
22          eventually make their way to the national  
23          center website.

24          Q.       Okay. So let's make sure we

1 cover both of these.

2 A. Mm-hmm.

3 Q. Anything that your group did  
4 that appears on the website for Children and  
5 Family Futures or the National Center on  
6 Substance Abuse and Child Welfare, you stand  
7 by those and they should be current and  
8 up-to-date?

9 A. Well, some are out of date,  
10 because you know how things are on websites.  
11 They get old fast. But we do keep  
12 information on our websites so that the  
13 public can Access the information of things  
14 that we've reported on, yes.

15 Q. The information currently on  
16 the website for either of these entities  
17 should have been accurate when originally  
18 published; correct? Or posted.

19 A. That's correct.

20 Q. And you make efforts to keep  
21 them up-to-date so they should be reasonably  
22 complete, but you're not saying that they're  
23 up to the minute; fair?

24 A. Yes, that's correct.

1           Q.       Okay. And are you aware of  
2       anything that's tracking solutions that  
3       appears on either of these websites that you  
4       know is incorrect, out of date, unreliable,  
5       wrong?

6           A.       No. I don't know of anything  
7       that is wrong on our website.

8           Q.       So like if I were to pull  
9       something off your website that you were  
10      involved in creating and has your name on it  
11      and it talks about your description of what's  
12      going on in this area in 2006, '7, '8, '9 --  
13      I'm sorry, 2016, '17, '18, or '19, you would  
14      expect that it's something you can stand by;  
15      correct?

16          A.       That's right. I would hope so.

17          Q.       Let me go back to some of the  
18      stuff you said before the lunch break, before  
19      we move on to the next subject.

20                    You said that you were aware of  
21      the names of two of the defendants you, I  
22      guess, ran across when you reviewed the  
23      38 pages of the one complaint that you were  
24      provided? Who are those two defendants?

1           A.       I don't recall saying two  
2 defendants, but I do know the name Purdue. I  
3 do know the name Bergen Amerisource.

4                   I do know that there are  
5 distributors that are included in the  
6 complaint, distributors, CVS, other  
7 manufacturers and other distributors.

8           Q.       Do you intend to offer any  
9 testimony at trial that's specific to any of  
10 the entities you identified specifically or  
11 by category?

12           A.       No. That's outside of the  
13 scope of what I was asked to do.

14           Q.       The one you mentioned where you  
15 said Bergen Amerisource? What kind of  
16 company are they?

17           A.       I believe they're a  
18 manufacturer of one of the opioids. I'm not  
19 sure.

20           Q.       And what about Purdue? Is that  
21 a manufacturer or distributor?

22           A.       It's a manufacturer. But I  
23 think they also distribute, they distribute  
24 their product.

1           Q.       When you said CVS was a  
2       distributor, do you know if they're being  
3       sued for anything they did at the retail  
4       level or for any other actions?

5           A.       I believe they are both a  
6       distributor because they distribute to their  
7       own pharmacies.

8           Q.       Okay. My question is, do you  
9       know why they're being sued?

10                   MS. FLOWERS: Objection, form.

11                   THE WITNESS: My understanding  
12       is that the distributors had an  
13       obligation to notify the DEA on the  
14       quantities of certain opioids that  
15       were being shipped to certain outlets,  
16       and that that notification didn't  
17       happen. And so quantities of opioids  
18       were being distributed into  
19       neighborhoods and cities and counties  
20       at unusual high rates. That's my  
21       understanding.

22           Q.       (BY MR. ALEXANDER) Is that  
23       understanding based on anything other than  
24       what you read in the complaint?

1           A.       My knowledge from just reading  
2       the newspaper.

3           Q.       Other than regurgitating  
4       something you saw in the newspaper, do you  
5       intend to talk about this at all at trial in  
6       terms of your understanding of what any  
7       distributor did or didn't do or was supposed  
8       to do?

9                   MS. FLOWERS: Objection, form.

10           THE WITNESS: No. That is not  
11       my area. My area is about the opioids  
12       and the impact on the child welfare  
13       system.

14           Q.       (BY MR. ALEXANDER) And I think  
15       I know the answer to this one, but when it  
16       comes to the specific drugs, I know earlier I  
17       asked you to list some of the prescription  
18       drugs that you are aware of in the opioid  
19       class, and that we went over some of the  
20       illicit drugs in the opioid or opiate class.  
21       You're not offering any opinions that breaks  
22       up any kind of metric of harm or social  
23       service burden by the specific drug, whether  
24       it be a prescription drug or an illicit drug;



1 correct?

2 MS. FLOWERS: Object to the  
3 form.

4 THE WITNESS: Well, what --  
5 what I know is that as you said, there  
6 have been parents with substance use  
7 disorders in the child welfare system  
8 for a long time, but what is new, and  
9 in particular in these two counties,  
10 is the rapid increase of opioids that  
11 act and mimic the same action of  
12 heroin in those communities that child  
13 welfare had to react to as people  
14 became -- developed tolerance and  
15 dependence on those opioids.

16 So that's what I understand.

17 So metric of any kind of  
18 quantity, no, I don't have knowledge  
19 about that. What I know is that that  
20 was the new piece that happened in  
21 child welfare.

22 Q. (BY MR. ALEXANDER) What you  
23 just described in terms of the rapid increase  
24 of opioids and whether they mimic heroin,

1       those are not expert opinions you intend to  
2       offer at trial; correct?

3               A.       I don't know exactly what you  
4       mean by expert. I do know how opioids work  
5       in the brain, not from a neuroscience  
6       standpoint but from the basic action of the  
7       reward pathway. So if someone asked me do  
8       you understand the reward pathway of  
9       addiction, I would say yes, I understand  
10      that. I understand the uptake and  
11      neurotransmitters and dopamine, but I am not  
12      a neuroscience-ist. So I'm not sure what  
13      you're asking for, if I would testify to  
14      that.

15             Q.       The specifics of how  
16      prescription opioids mimic or don't mimic or  
17      relate to anything about illicit drugs that  
18      people might have already been abusing or  
19      might in the future abuse, that was beyond  
20      the scope of your engagement for this case;  
21      correct?

22                     MS. FLOWERS: Object to the  
23                     form.

24                     THE WITNESS: That was beyond

1           the scope of my engagement for this  
2           case.

3           Q.       (BY MR. ALEXANDER)   Okay.   So  
4           was it also beyond the scope of your  
5           engagement for this case to pay attention to  
6           the trends relating to the prescriptions  
7           written for opioids and the amounts of  
8           opioids distributed into Cuyahoga and Summit  
9           County over time?

10          A.       That was beyond the scope of  
11          what I was asked to look at.   I am aware of  
12          that knowledge, yes.

13          Q.       So do you -- do you know when  
14          it was in time that the total prescriptions  
15          and distribution of opioids to -- of -- legal  
16          prescription opioids to Cuyahoga and Summit  
17          County were increasing versus decreasing?

18                   MS. FLOWERS:   Object to the  
19          form.

20                   THE WITNESS:   With specificity  
21          as to months and years, probably not.

22                   I have a general sense of the  
23          time period.

24          Q.       (BY MR. ALEXANDER)   So is it

1       your understanding that the total  
2       prescriptions into and distribution into  
3       Cuyahoga and Summit County of prescription  
4       opioids from within the closed distribution  
5       system started declining in late 2011, early  
6       2012?

7                       MS. FLOWERS: Object to the  
8       form, lack of foundation.

9                       THE WITNESS: I'm not sure.  
10       And, as you've been saying, that's  
11       outside the scope of what I was asked  
12       to look at.

13               Q.       (BY MR. ALEXANDER) Okay. So  
14       you did give some answers earlier where you  
15       talked about flooding the communities and  
16       talking about the amount of drugs that were  
17       in these communities through the legitimate  
18       chain, at least until they were diverted  
19       through one or more illegal acts. Do you  
20       remember that sort of testimony?

21               A.       Yes.

22                       MS. FLOWERS: Object to the  
23       form. Mischaracterization of the  
24       testimony.

1 Q. (BY MR. ALEXANDER) Was it  
2 within the scope of your engagement to talk  
3 about flooding of the communities or anything  
4 about how the volume of prescription drugs in  
5 Cuyahoga or Summit County, or even Ohio more  
6 broadly, played any role in any of what you  
7 understand to be the opioid epidemic?

8 MR. PENDELL: Objection to  
9 form.

10 THE WITNESS: That was not in  
11 the scope of my engagement, but you  
12 would have to be living under a rock  
13 if you didn't know about it.

14 Q. (BY MR. ALEXANDER) Well, under  
15 a rock or not, do you know if the time period  
16 when the prescriptions started going down in  
17 2012, '13, '14, '15, '16, '17, '18, '19, was  
18 also a time when at least for some of the  
19 time, there was an increase in things like  
20 hospitalization for overdose or deaths  
21 attributed to overdose of opioids, whether  
22 illicit or prescription?

23 MS. FLOWERS: Objection, lack  
24 of foundation.

1 THE WITNESS: As you said,  
2 that's outside my scope. I do  
3 understand the time period of the  
4 transition for persons that could no  
5 longer Access prescription opioids,  
6 being in that 2012, 2013, 2014, 2015,  
7 I believe.

8 Q. (BY MR. ALEXANDER) Did you  
9 look at --

10 A. But I don't -- I don't have  
11 that exact information. So I may be  
12 answering erroneously, because that's not my  
13 area of expertise.

14 Q. Sure. You haven't paid  
15 attention to the specifics when you've given  
16 these sort of general answers about flooding  
17 and what drugs people were taking at  
18 different points in time. You haven't paid  
19 attention to the actual specifics about the  
20 distribution of prescription drugs versus  
21 information about illegal drugs coming into  
22 these communities; correct?

23 MS. FLOWERS: Object to the  
24 form.

1 THE WITNESS: Well, paid  
2 attention? Yes, I've paid attention.  
3 Obviously I've paid attention.

4 Q. (BY MR. ALEXANDER) What about  
5 like the HIDTA reports, the High Intensity  
6 Drug Trafficking reports that are available  
7 that include information about heroin and  
8 methamphetamine and fentanyl analogs and when  
9 they came in to these communities versus when  
10 there were spikes seen in overdoses and, you  
11 know, hospitalizations and that sort of  
12 thing.

13 A. Yes, I've seen the HIDTA  
14 reports.

15 Q. Did you look at them for this  
16 case?

17 A. I did not look at them between  
18 January and March specifically.

19 Q. What about since March? Since  
20 you signed your report on or about  
21 March 25th, 2019, have you looked at the  
22 HIDTA reports in connection with any of the  
23 issues in this case?

24 A. Not since March 25th, no, I

1 have not.

2 Q. Is it your general  
3 understanding that the increase in opioid  
4 deaths, as it sometimes is ascribed, is  
5 related to the use of heroin and fentanyl  
6 analogs as opposed to actually prescription  
7 drugs being taken without those other  
8 substances?

9 MS. FLOWERS: Objection, lack  
10 of foundation.

11 THE WITNESS: I think general  
12 knowledge, for people who, as I said,  
13 are paying attention, recognize that,  
14 that those are -- can be deadly  
15 combinations.

16 Q. (BY MR. ALEXANDER) Okay. So  
17 I'm not sure that answered my question. Is  
18 it your understanding that the -- the  
19 ascribed increase in sometimes-called opioid  
20 overdose deaths, or more specifically  
21 unintentional overdose deaths, are not the  
22 prescription drugs but are heroin, fentanyl  
23 analogs, and various combinations of drugs  
24 including cocaine, methamphetamine, PCP, and



1 alcohol?

2 MS. FLOWERS: Objection to form  
3 and lack of foundation.

4 THE WITNESS: My understanding  
5 is that people die from all of those.

6 Q. (BY MR. ALEXANDER) Do you know  
7 about the methodology used by the medical  
8 examiner's or coroner's offices in Cuyahoga  
9 County or Summit County to look at opioid  
10 overdose deaths or to make that sort of  
11 attribution?

12 A. No, I don't know about the  
13 specifics of how they make that attribution.

14 Q. So when you talked about the  
15 numbers of orphans and that these were  
16 numbers not seen since the orphan trains of  
17 many decades ago, do you know what drugs or  
18 combination of drugs were responsible for any  
19 deaths of parents leaving behind an orphan?

20 A. It probably doesn't matter to  
21 that orphan which combination when they  
22 started with prescription drugs, and most  
23 individuals who end up using heroin, doesn't  
24 the data show that 83 percent of them started

1 with prescription drugs? And I believe the  
2 Compton article says that people that use  
3 heroin or became heroin -- have heroin use  
4 disorders are 12 times more likely to have  
5 started with a prescription drug.

6 So I'm not sure of what  
7 combination mattered to that child who lost  
8 their parent.

9 MR. ALEXANDER: So move to  
10 strike as non-responsive.

11 Let me read my question back  
12 again.

13 MS. FLOWERS: Objection, it was  
14 responsive.

15 Q. (BY MR. ALEXANDER) When you  
16 were talking about the numbers of orphans and  
17 it's not a -- at levels not seen since the  
18 orphan trains of many decades ago, do you as  
19 you sit here today know the drugs or  
20 combination of drugs that were responsible  
21 for any of those deaths of parents, "yes" or  
22 "no"?

23 MR. PENDELL: Objection to  
24 form.

1 THE WITNESS: Could you ask me  
2 again, please? I got a little hung up  
3 on thinking about the kids.

4 Q. (BY MR. ALEXANDER) When you  
5 said that there are orphans at levels not  
6 seen for many decades, do you know what drugs  
7 or combinations of drugs were responsible for  
8 the deaths of any parents, "yes" or "no"?

9 MR. PENDELL: Objection to  
10 form.

11 THE WITNESS: As I said, in the  
12 Compton article, if that parent became  
13 a parent with a heroin use disorder,  
14 they were 12 times more likely to have  
15 started with a prescription drug.  
16 Parsing out which of those  
17 heroin-related deaths started with a  
18 prescription drug, I cannot tell you  
19 which individual child lost their  
20 parent and they were in the 83 percent  
21 versus the 17 percent.

22 No, I cannot.

23 MR. ALEXANDER: Move to strike  
24 as non-responsive.

1 MS. FLOWERS: Objection.

2 MR. PENDELL: Objection.

3 MS. FLOWERS: It was  
4 responsive. You just don't like the  
5 answer.

6 Q. (BY MR. ALEXANDER) Dr. Young,  
7 did you ask to look at the data that's  
8 available, that's maybe been produced in  
9 discovery in the case, that gives information  
10 about overdose deaths in these communities  
11 that are attributed to opioids as a class to  
12 look to see what actual substances or  
13 combinations of substances are ascribed as  
14 being the reason for the actual deaths?

15 MS. FLOWERS: Objection --

16 MR. ALEXANDER: "Yes" or "no."

17 MR. PENDELL: Object to form.

18 MS. FLOWERS: Asked and  
19 answered.

20 THE WITNESS: No, I didn't ask  
21 to look specifically at that. I can  
22 tell you that I happen to have been in  
23 Senator Brown's office in Washington,  
24 DC when his office took the call from

1           the field office in Ohio from the  
2           coroners, asking about the revenues  
3           that they needed in order to get  
4           enough coroners for the bodies that  
5           they were trying to process.

6                     I don't believe that was in  
7           Cuyahoga. I believe that was in  
8           Cincinnati. But I don't know that  
9           that makes a difference.

10                    So I was pretty aware of the  
11           overdose deaths. And no, I didn't ask  
12           for how the coroners parse out was it  
13           heroin or prescription drugs.

14           Q.        (BY MR. ALEXANDER) The  
15           anecdote that you just referenced, of  
16           overhearing some phone conversation from  
17           Hamilton County, Ohio that went to Senator  
18           Brown, is that something you intend to  
19           testify about at trial?

20           A.        Only if I'm asked about it.

21           Q.        Do you offer any opinions based  
22           upon that conversation that you overheard?

23           A.        No. It's in my general body of  
24           knowledge.

1 Q. What was the date of that call?

2 A. I don't remember.

3 Q. Were you -- was it like on a  
4 speakerphone and you could hear every word  
5 that was said?

6 A. No. It was going on in another  
7 room, and it was being relayed that this is a  
8 big issue in Ohio. We weren't there to talk  
9 about the coroners.

10 Q. So you didn't actually hear  
11 some coroners talking; you heard somebody  
12 else referring to what they heard a coroner  
13 said. Is that what it is?

14 A. Yes. Yes, that is true.

15 Q. Do you know of the name of  
16 anybody who was on the phone with the  
17 coroner, either at the coroner's side in  
18 Hamilton County, Ohio, or at Senator Brown's  
19 office?

20 A. No, I do not.

21 Q. The medical literature you  
22 referenced about this idea that people who  
23 become heroin addicts have some point -- at  
24 some point in their past history of their

1       entire lives received a prescription opioid,  
2       and what percentage those are, as I  
3       understand from your prior testimony, this is  
4       not within the scope of the opinions you  
5       intend to offer at trial. Has that changed?

6                   MS. FLOWERS: Object to the  
7       form.

8                   THE WITNESS: No, that hasn't  
9       changed. That's not what I was asked  
10      specifically to report on. But you  
11      asked me about my knowledge about  
12      that, so I told you about my knowledge  
13      about that. That's in my general body  
14      of knowledge, because I'm informed in  
15      this area. So I have knowledge about  
16      it. It's not what I was asked to  
17      write about, and unless you ask me  
18      about it, I won't be telling you about  
19      it.

20                  Q.       (BY MR. ALEXANDER) Well, this  
21      is my opportunity to find out what opinions  
22      you would offer at trial and what you would  
23      base them on, so I'm not intending to play  
24      games about asking you about something and

1       hiding the ball. I would like to know, are  
2       there opinions that you intend to offer at  
3       trial relating to this concept of why it is  
4       that some people become addicts for heroin  
5       and may overdose on heroin or a fentanyl  
6       analog versus other people. Is this a  
7       subject that you intend to offer expert  
8       testimony about?

9               A.       No, it is not.

10              Q.       Okay. And you don't know as  
11       you sit here today, in terms of that  
12       particular article that you referenced, how  
13       many of those folks started abusing any  
14       substance while they are actually receiving  
15       an opioid prescription; correct?

16                      MS. FLOWERS: Object to the  
17       form.

18                      THE WITNESS: No. I'm not -- I  
19       would have to refresh my memory on  
20       that article, but I thought you were  
21       going to go back to what my report  
22       says. So I'm not -- we just  
23       established that I wasn't going to  
24       testify about those kinds of issues,



1           and then you went back to those  
2           issues. So let me be clear. Do you  
3           want me to talk more about the  
4           connection between prescription drugs  
5           and heroin, or are we going to move  
6           off of that?

7           Q.       (BY MR. ALEXANDER) I want to  
8           make sure that I understand what you would  
9           offer expert opinions about at trial based  
10          upon the current scope of your disclosure.  
11          This issue of why it is that some people  
12          become addicts and other people don't, and  
13          what people's particular pathway is that may  
14          result in them being -- having some substance  
15          use disorder, and maybe overdosing, all of  
16          those specifics are to be left for other  
17          experts in other fields; is that correct?

18          A.       That is my understanding.

19          Q.       Okay. Good. And so you also  
20          then don't know, and don't intend to offer  
21          expert opinions on why it is that 96, 97%,  
22          according to the estimates, of people who do  
23          use a prescription drug do not end up with a  
24          substance use disorder?

1 MR. PENDELL: Objection to  
2 form.

3 MS. FLOWERS: Objection, lack  
4 of foundation.

5 THE WITNESS: I don't intend to  
6 offer testimony on that component.

7 Q. (BY MR. ALEXANDER) The report  
8 that you generated that was released, in I  
9 think you said 2015, that came way -- much  
10 later from that original 2011 discussion with  
11 a project manager from -- I don't have -- is  
12 that from NIDA or SAMHSA?

13 MS. FLOWERS: Objection. She  
14 said 2016.

15 THE WITNESS: Right. It was  
16 released in 2016, and that is a SAMHSA  
17 publication.

18 Q. (BY MR. ALEXANDER) Okay. Did  
19 you get any response from that or the version  
20 of that that you presented during any of  
21 these meetings in Ohio or at national  
22 conferences from anybody from Cuyahoga County  
23 or Summit County that suggested they agreed  
24 with anything you said, disagreed with it, or

1       were going to make any kind of changes to  
2       what they were doing because of anything you  
3       said?

4                       MR. PENDELL:  Objection to  
5       form.

6                       THE WITNESS:  I don't know.

7               Q.       (BY MR. ALEXANDER)  Have you  
8       ever heard from anybody from Cuyahoga or  
9       Summit County in response to any of your  
10      publications or professional presentations  
11      that commented on the substance of what you  
12      had said or that they intended to change any  
13      of their behaviors based upon your  
14      recommendations?

15                      MR. PENDELL:  Objection to  
16      form.

17                      THE WITNESS:  Ever?  Do you  
18      want ever?

19                      So I've been working in the  
20      field 25 years, and I spent a lot of  
21      time in Summit in the -- I mean,  
22      excuse me, in Cuyahoga in the late  
23      '90s and early 2000s.  So...

24                      MR. ALEXANDER:  And, ma'am,

1 Dr. Young --

2 THE WITNESS: I'm not sure what  
3 you want me to answer to.

4 Q. (BY MR. ALEXANDER) Dr. Young,  
5 I'm just asking about this current body of  
6 work that started -- well, actually maybe I'm  
7 wrong.

8 Were you doing anything  
9 specifically on kind of the opioid epidemic's  
10 impact on social services and what to do  
11 about it before 2011?

12 A. Well, all of our technical  
13 assistance didn't necessarily exclude  
14 opioids. And so if somebody called or  
15 e-mailed us from Ohio or from anyone else and  
16 asked us for assistance about screening tools  
17 or communication protocols or family  
18 treatment courts, any of those areas of our  
19 scope of practice, it would not have mattered  
20 to us if it was opioids or methamphetamine or  
21 cocaine or alcohol or marijuana; we would  
22 have responded with a response about what the  
23 specific question was that they had.

24 Q. Sitting here today, can you

1 recall any interaction with anybody from  
2 Cuyahoga or Summit County about the issues  
3 that have now been identified as the opioid  
4 epidemic or opioid crisis before 2011?

5 A. Well, Summit County became an  
6 RPG grantee in 2012, and in 2010, we started  
7 the contract on family treatment court,  
8 technical assistance, and I'm not sure when  
9 Summit County's family treatment court began.  
10 I believe it was before they had their  
11 regional partnership grant. So some of our  
12 staff would have been providing technical  
13 assistance in Summit County prior to 2012.  
14 Perhaps during the time that they were  
15 writing their application. But certainly  
16 from 2012 on we were involved with providing  
17 technical assistance in Summit.

18 Q. So in terms of specific  
19 interaction about something that you now  
20 describe as the opioid epidemic, the first  
21 time that you can think of was 2012 with  
22 Summit County; correct?

23 A. The time that I know for sure  
24 that we would have been interacting with

1 Summit County would have been 2012. Because  
2 of their grantee status.

3 Q. And have you had any feedback  
4 from anybody from Cuyahoga or Summit County  
5 since then about any of your published  
6 recommendations or analyses about anything  
7 relating to the impact of the opioid epidemic  
8 on children and family services?

9 A. We typically get very high  
10 ratings for our technical assistance. Is  
11 that what you mean? Or do you mean things  
12 that they were going to put in place?

13 Q. My question was specific to  
14 Cuyahoga and Summit County.

15 So, sitting here today, can you  
16 tell me if you've ever gotten any feedback of  
17 any sort from Cuyahoga or Summit County about  
18 any of your recommendations or analyses about  
19 the opioid epidemic and its impact on  
20 children and family services?

21 A. Well, as you saw in the report,  
22 we listed the actions that they put in place.  
23 And most of those were in reaction to the  
24 opioid problems that they were trying to deal

1 with.

2 Q. Do you need to have my question  
3 read back, ma'am?

4 MS. FLOWERS: Object to the  
5 form.

6 Q. (BY MR. ALEXANDER) Because  
7 I -- I didn't ask you about their response to  
8 the opioid epidemic; I asked you about their  
9 response to presentations and publications  
10 you've given.

11 So we said that you've been  
12 giving a lot of presentations and you've  
13 published various things with your name on it  
14 over the last several years that talk about  
15 the same issues of your expert report;  
16 correct?

17 MS. FLOWERS: Object to the  
18 form. Argumentative.

19 THE WITNESS: Yes.

20 Q. (BY MR. ALEXANDER) Can you  
21 tell us that any official with Cuyahoga or  
22 Summit County has responded to you,  
23 positively, negatively, any way, about any of  
24 those presentations or publications?

1 MS. FLOWERS: Object to the  
2 form, asked and answered.

3 THE WITNESS: Yes, I had  
4 conversations a couple of different  
5 times with Kevin Brown.

6 Q. (BY MR. ALEXANDER) And who is  
7 Kevin Brown?

8 A. Kevin Brown was the evaluator  
9 of the Summit County regional partnership  
10 grant.

11 Q. And where does he work?

12 A. Unfortunately he is deceased.

13 Q. Where did he work?

14 A. In Summit County.

15 Q. What was his position there?

16 A. He was the evaluator for their  
17 regional partnership grant. I'm not entirely  
18 sure what his position title was.

19 I knew him as the regional  
20 partnership grant evaluator. And he passed  
21 away, I believe, about a year and a half or  
22 two years ago.

23 Q. Somewhere in 2017?

24 A. I believe that's right. He



1       worked in children's services.

2                   Q.       Other than the deceased  
3       Mr. Brown?

4                   A.       Dr. Brown.

5                   Q.       I'm sorry, other than the  
6       deceased Dr. Brown -- I'm sorry, you just  
7       called him Kevin. You didn't call him  
8       doctor, so I wasn't slighting him.

9                   Other than the deceased  
10       Dr. Brown, is there anybody from Summit or  
11       Cuyahoga County that's given you any kind of  
12       feedback on any of your presentations or  
13       publications in this area?

14                  A.       Well, as I said, we've had  
15       frequent contact with Summit County because  
16       of their participation in the State System  
17       Improvement Program.

18                  So I -- feedback. We've talked  
19       to them once a month for several years, and  
20       different officials would have been on that  
21       phone call, either, you know, someone from  
22       the court, typically the project officer, the  
23       coordinator from the family treatment court;  
24       sometimes that would also include someone

1 from children's services. We would give  
2 recommendations. They would give feedback.  
3 They were testing out screening tools. We  
4 would be listening for challenges that  
5 crossed over between the counties and  
6 providing feedback.

7 Q. So let's take this in small  
8 bites, if we can.

9 A. Mm-hmm. Sure.

10 Q. Nobody from Cuyahoga County, as  
11 far as you know, has given you feedback on  
12 any of your publications or presentations in  
13 this area; correct?

14 MS. FLOWERS: Object to the  
15 form, asked and answered.

16 THE WITNESS: I haven't had  
17 conversations directly with Cuyahoga  
18 County related to my presentations.

19 Q. (BY MR. ALEXANDER) So correct?  
20 The answer is correct?

21 MS. FLOWERS: Objection.

22 THE WITNESS: I hate --  
23 I'm sorry, Jodi.

24 Q. (BY MR. ALEXANDER) Because

1       it's as far as you know.

2               A.       I hate to say that because I've  
3       been at many meetings in Ohio, and I meet a  
4       lot of people. And I hate to forget somebody  
5       that may have been from Cuyahoga that I had a  
6       conversation with that I don't remember who  
7       they were or their positions.

8               So I cannot say with  
9       100 percent confidence that I have not had  
10      conversations with individuals from Cuyahoga  
11      County.

12              Q.       (BY MR. ALEXANDER) Can you  
13      name one person?

14              A.       No.

15              MS. FLOWERS: Objection.

16              THE WITNESS: It would have --

17              It would have been in a  
18      conference setting that I spoke to  
19      many different people.

20              Q.       (BY MR. ALEXANDER) Other than  
21      the deceased Dr. Brown, can you name one  
22      person from Summit County?

23              MS. FLOWERS: Object to the  
24      form, asked and answered.

1                   THE WITNESS: I would have to  
2                   look at records to know the names of  
3                   the individuals from the counties that  
4                   are on those phone calls.

5                   Q.       (BY MR. ALEXANDER) Focusing  
6                   specifically on the various recommendations  
7                   that you've made under these best practices  
8                   recommendations which we've seen in your  
9                   publications and are mimicked in a portion of  
10                  your expert report in this case, have you had  
11                  any feedback from Summit County where they  
12                  say, we like your recommendations, we don't  
13                  like your recommendations, we plan to do some  
14                  of these, we're already doing some of these,  
15                  anything like that?

16                  A.       Yes.

17                  Q.       From whom?

18                  A.       The family treatment court  
19                  coordinator in Summit County was also very  
20                  involved in the regional partnership grant.  
21                  And I am not remembering her name, but we had  
22                  a lot of conversation about what, when that  
23                  grant program was coming to an end. In the  
24                  last year we spent quite a bit of time

1       talking about sustainability and what does  
2       sustainability mean and how will the grant be  
3       sustained and there was a lot of technical  
4       assistance that we did both in webinars to  
5       all of the grantees and specifically to  
6       specific grantees, and she did indicate in  
7       one of these SSIP conversations unrelated to  
8       RPG that they were very happy with having  
9       those strategies and that they believed they  
10      were going to be able to sustain most of the  
11      components of the STARS program.

12                       So that was in Summit County.

13               Q.       From either this unnamed family  
14       treatment court coordinator or the deceased  
15       Dr. Brown, can you say that Summit County is  
16       currently implementing any of your  
17       recommendations in response to you making  
18       them?

19                       MS. FLOWERS:   Object to the  
20       form.

21                       THE WITNESS:   Summit County has  
22       many things in place.   The universal  
23       screening at the front end.   That was  
24       part of the SSIP program.   They are

1 part of the START initiative that is  
2 also run out of our -- out of Children  
3 and Family Futures. The family  
4 treatment court has a docket of about  
5 30 parents, I believe, several  
6 initiatives that they have tried, and  
7 there is a list in my report of the  
8 various initiatives that they've put  
9 in place.

10 Q. (BY MR. ALEXANDER) Dr. Young,  
11 my question was specific. Not that they're  
12 implementing things, but they're implementing  
13 any of your recommendations in response to  
14 your making them.

15 A. Yes.

16 Q. Those are all recommendations  
17 they're following because Dr. Young made them  
18 and they read them from you?

19 A. Well, the trick of technical  
20 assistance is to suggest them and have them  
21 believe that they are their own.

22 Q. Ahh.

23 A. That's what we do. So if they  
24 were to believe that they came up with the

1       idea about wouldn't it be a great idea to put  
2       a screening tool up front and they said, gee,  
3       let's do that, that would be a true success  
4       on our end.

5               Q.       So like a Jedi mind trick, you  
6       get them to think it's their idea?

7                       MS. FLOWERS:  Objection to the  
8       form.

9                       THE WITNESS:  I've actually --  
10       I believe that's Star Wars.  Jedi?  Is  
11       that right?

12              Q.       (BY MR. ALEXANDER)  So let me  
13       ask you a specific question.

14                      MS. FLOWERS:  We can stipulate  
15       to that.

16              Q.       (BY MR. ALEXANDER)  The START  
17       program, do you know where that started?

18              A.       Yes, I do.

19              Q.       And what part of the country  
20       did START start in?

21              A.       It actually -- Pat Rideout was  
22       in Toledo, I believe, and then she went to  
23       work in Cuyahoga.  And it migrated to  
24       Cuyahoga, and started in Cuyahoga with

1 funding from the Annie E. Casey Foundation.

2 Q. Uh-huh. And do you know when  
3 that actually migrated all the way from  
4 Cuyahoga County to Summit County?

5 MS. FLOWERS: Object to the  
6 form.

7 THE WITNESS: START in Summit  
8 County was in the second cohort, which  
9 would have been, I believe, about --  
10 you know, you recognize there's a  
11 difference when we're talking about  
12 STARS and START, in Summit; right?

13 Q. (BY MR. ALEXANDER) I asked a  
14 specific question using the specific words  
15 that I meant to use. Thanks.

16 A. Good. So START, I believe, is  
17 about a year and a half ago in Summit County.  
18 STARS was in Summit starting in 2012.

19 Q. Okay. So like if the people  
20 who actually have worked in Summit County who  
21 have been deposed in this litigation give  
22 different dates for when they started  
23 initiating START and that it had nothing to  
24 do with you, are they right or are they



1       wrong?

2                       MR. PENDELL:   Objection to  
3                       form.

4                       MS. FLOWERS:   Objection to  
5                       form.

6                       MR. PENDELL:   Misstates the  
7                       record.

8                       THE WITNESS:   Well, I can tell  
9                       you what I know.   Now Governor DeWine  
10                      started a new START initiative about  
11                      three years ago through PCSAO, is the  
12                      contracting agency.   And it began in  
13                      the counties below I-70.   And it could  
14                      very well be that Summit began with  
15                      hiring family advocates and began some  
16                      of the START initiatives before the  
17                      second wave or the second cohort of  
18                      START.   I could be wrong on that.

19                      Q.       (BY MR. ALEXANDER)   Do you  
20                      know --

21                      A.       I --

22                      Q.       I'm sorry.   Were you done?

23                      A.       Pretty much.

24                      Q.       Have you looked at any

1 documents relating to any of the involvement  
2 of PCSAO with any data initiatives across the  
3 state?

4 A. Yes. I'm aware of some of the  
5 PCSAO documents related to the data, yes.

6 Q. So they did like a SACWIS data  
7 blitz several years ago, right?

8 A. Yes, they did.

9 Q. And the idea of that was  
10 increasing the amount of drug-specific  
11 information in SACWIS?

12 MS. FLOWERS: Object to the  
13 form, lack of foundation.

14 THE WITNESS: That wasn't my  
15 understanding of the purpose.

16 Q. (BY MR. ALEXANDER) If one of  
17 the purposes of the data blitz was to  
18 increase the amount of drug and drug of abuse  
19 information in SACWIS, what would that tell  
20 you about making comparisons on trends before  
21 and after the database -- the data blitz?

22 MS. FLOWERS: Object to the  
23 form.

24 THE WITNESS: Again, that's not

1           my understanding of the purpose of  
2           their asking the counties to submit  
3           data on the parents' substance use and  
4           their caseload. That's my  
5           understanding of what they asked for.  
6           That wasn't what you've characterized  
7           that as.

8           Q.           (BY MR. ALEXANDER) And what's  
9           that understanding based on? Because it's  
10          obviously not based on deposition testimony  
11          or previous documents in the litigation.  
12          What's it based on?

13                   MR. PENDELL: Object to the  
14                   form. Lack of foundation. Misstates  
15                   the testimony.

16                   THE WITNESS: General knowledge  
17                   of being in Ohio and understanding  
18                   some of the policy issues in Ohio.

19          Q.           (BY MR. ALEXANDER) If the data  
20          blitz had the effect of increasing the number  
21          of files that had a specified substance of  
22          abuse in an individual case and how often it  
23          was that a substance use disorder was  
24          identified as a cause of the need for

1 children and family services being involved,  
2 what sort of effect would that have had on  
3 making comparisons to the data that existed  
4 before the blitz?

5 A. That is such a long question, I  
6 can't understand what you're asking.

7 What's the specific question  
8 you're asking?

9 Q. If the information changed with  
10 the data blitz, where there was a lot more  
11 information in there about the drug of abuse  
12 and how often it was that there was substance  
13 abuse involved in a case that related to  
14 children and family services, would that make  
15 it difficult to make comparisons over time?

16 MS. FLOWERS: Object to the  
17 form. Vague.

18 THE WITNESS: Yeah, I still am  
19 not able to follow your question about  
20 what you're trying to ask.

21 Q. (BY MR. ALEXANDER) Why don't  
22 we take a break, then. I think we've been  
23 going over an hour anyway. It's probably  
24 time when brains get fried.

1

2

THE VIDEOGRAPHER: We are now

3

going off the record and the time is

4

2:51 p.m.

5

(Recess taken, 2:51 p.m. to

6

3:17 p.m.)

7

8

THE VIDEOGRAPHER: We are now

9

going back on the record and the time

10

is 3:17 p.m.

11

Q. (BY MR. ALEXANDER) Dr. Young,

12

is there any of your testimony thus far you

13

need to change or supplement in any way?

14

A. I would just like to clarify.

15

You asked what I was going to be testifying

16

about, and in -- I believe you asked me to do

17

it in one sentence. And I would like to

18

supplement that to be sure you understand

19

that my testimony will include my opinion on

20

necessary and appropriate remedies in

21

response to the opioid epidemic for child

22

welfare.

23

Q. And all of those specific

24

opinions on necessary and appropriate

1 remedies are set forth in your report;  
2 correct?

3 A. Yes, that's correct.

4 Q. So if you go to your expert  
5 report. I know you brought your copy but  
6 obviously we've marked the original version  
7 as Exhibit 1, and the reformatted version of  
8 Exhibit 2. At the bottom of page one, it  
9 says -- after this description of Nancy K.  
10 Young's background. Do you see that?

11 A. Yes.

12 Q. It says, Dr. Young was asked to  
13 give her opinions regarding the impact of the  
14 opioid crisis on child welfare systems and  
15 related agencies including recovery courts,  
16 and to offer her opinions on necessary and  
17 appropriate remedies in response to the  
18 opioid epidemic. Do you see that one  
19 sentence?

20 A. Yes, I do.

21 Q. And you see that the first part  
22 of that is essentially what you gave when I  
23 asked for one sentence, and the second part  
24 of that is what you've now added, again,

1 as --

2 A. Yes.

3 Q. -- the second part of that same  
4 sentence?

5 A. Yes.

6 Q. Is that an accurate one  
7 sentence summary of what you're here to do?

8 A. Yes, that's correct.

9 Q. The next part says, The  
10 non-profit organization that she is executive  
11 director of, Children and Family Futures, is  
12 being compensated at \$300 per hour for her  
13 testimony in the case.

14 Is that the rate for your staff  
15 as well as you?

16 A. No, that's not. My staff have  
17 different rates.

18 Q. And what's the rate for the  
19 three staff members you identified as working  
20 on this?

21 A. I don't know that off the top  
22 of my head. They're all less than me.

23 Q. Have you billed for all 115 or  
24 so hours through the time of the report?

1 A. Yes, I have.

2 Q. And the additional time since  
3 the report, have you billed for that yet?

4 A. I actually don't do that  
5 invoicing, and we invoice once a month. So  
6 I'm not sure if that second invoice has gone  
7 out yet or not.

8 Q. And so the total amount, at  
9 least from the first part of it, was around  
10 \$35,000?

11 A. In that range, yes, I believe  
12 that's right.

13 Q. And how are you compensated as  
14 executive director? Does the money that you  
15 bring in through a consulting project for  
16 litigation like this affect your compensation  
17 in any way?

18 A. No, it doesn't. I'm paid a  
19 salary.

20 Q. And that doesn't change when  
21 you do something like this?

22 A. No, it does not.

23 Q. If you go to the bottom of --  
24 well, let's actually just walk through this



1 in general terms so we can orient.

2 At the top of page 2, it lists  
3 three data sources that were considered in  
4 connection with the work on the report;  
5 correct?

6 A. Yes, that's right.

7 Q. And we've actually already  
8 identified these three data sources so far,  
9 although not necessarily the specific  
10 analyses that were done for them; correct?

11 A. That's right.

12 Q. These are all obtained through  
13 the NDACAN that's kept at Cornell University;  
14 correct?

15 A. Yes, that's right.

16 Q. Any other data sources  
17 consulted other than the specific START data  
18 maintained for Kentucky by Dr. Hall that you  
19 asked him to look at for you?

20 A. Just Dr. Hall's data, plus  
21 these, as I recall.

22 Q. Okay. At the bottom of --  
23 actually, let's do this.

24 When was the last time that you

1 actually worked for any county or city's  
2 child services department, whatever the name  
3 of it would have been?

4 A. I've had a contract with  
5 Sacramento County continuously since about  
6 1996.

7 Q. But as an employee, when was  
8 the last time you actually worked as like a  
9 caseworker or a supervisor or somebody who  
10 actually would be directly involved in  
11 interacting with a consumer of children or  
12 family services?

13 A. I have not worked as a  
14 caseworker in children's services.

15 Q. Ever?

16 A. No. I have been a consumer of  
17 children's services.

18 Q. And is that the right term that  
19 you would use, consumer?

20 A. Yes.

21 Q. And have you ever been a  
22 consumer of children's services in Cuyahoga  
23 or Summit County?

24 A. No, in Orange County,

1 California.

2 Q. Do you intend to offer any  
3 opinions based upon your personal experience  
4 as a consumer of children's services? And  
5 I'll just tell you, this is an area where we  
6 would tread lightly. I mean, I'm not trying  
7 to find out about you or your children or  
8 your personal circumstances unless you intend  
9 to talk about it at trial.

10 A. If you'd like to know about it  
11 I can tell you about it, but it is part of my  
12 experience and it would be very hard to, just  
13 as any part of life, when you have a part of  
14 your experience, it's pretty hard to separate  
15 your life into compartments that don't have  
16 something to do with all of your experience,  
17 so...

18 Q. Do you intend to testify at  
19 trial where you will reveal these sorts of  
20 personal experiences from your own  
21 involvement as a consumer of children's  
22 services in Orange County, California?

23 A. Not unless I'm asked about it.

24 Q. If asked by the plaintiffs,

1 will you talk about that?

2 A. If I'm asked about it, I will  
3 be honest. Yes.

4 MR. ALEXANDER: Plaintiffs'  
5 counsel, do you intend to ask her?  
6 Because I'm not trying to get into her  
7 personal life, but if it's going to be  
8 injected in trial, just as with most  
9 of these fact witnesses, you know, we  
10 need to get our discovery, but I'm not  
11 trying to impose some personal burden  
12 on her if it's not going to come up.

13 MS. FLOWERS: We did not intend  
14 to ask her about her personal  
15 experiences at trial.

16 MR. PENDELL: And think as you  
17 know, counsel, an expert's testimony  
18 is limited to what they say in their  
19 report or what they say at a  
20 deposition. So I don't think this is  
21 actually an issue.

22 MR. ALEXANDER: Based upon the  
23 representation of Ms. Flowers, I will  
24 move on.

1 Q. (BY MR. ALEXANDER) Going back  
2 to where we were. In terms of your work in  
3 your career, have you ever directly  
4 interacted with a consumer of children's  
5 services in a professional capacity?

6 A. With a consumer of child  
7 welfare services in my professional capacity?

8 Q. Right. I don't mean like that  
9 you were there when your neighbor also  
10 consumed children's services or your cousin  
11 or anything like that. We've already  
12 established that you've never been a  
13 caseworker or a supervisor who was an  
14 employee of a county.

15 A. Mm-hmm.

16 Q. Or other provider of children  
17 family services. So the question is, have  
18 you ever, in some capacity, physically been  
19 present and interacted with the consumer, the  
20 family, the mother or the child, any of those  
21 real-world people?

22 A. Yes. Actually, about two weeks  
23 ago I was at a site visit to Coshocton County  
24 and had the opportunity to speak with a

1 graduate of the Coshocton family treatment  
2 court and spent about 45 minutes with her as  
3 she had the opportunity to tell me about her  
4 experience and her husband's experience with  
5 their addiction that started with  
6 prescription opioids and moved on to heroin.  
7 And she was a participant in the family  
8 treatment court. And luckily she is in  
9 recovery. She has all four of her children  
10 with her. She has moved on. That she is  
11 beginning to start a recovery support group  
12 with other parents that are graduates of the  
13 family treatment court. Unfortunately her  
14 husband, ex-husband now, has not done well.  
15 He's struggling on methadone, living in his  
16 parents' basement, not doing well. And she  
17 had been doing very well going to community  
18 college. But just after the first of the  
19 year her sister overdosed and did not die but  
20 has not recovered fully. And that really  
21 threw her for a loop, so she's dropped out of  
22 community college and just trying to keep her  
23 life together now as she cares for her four  
24 children.

1                   So that was my most recent  
2                   conversation with a consumer in the child  
3                   welfare system.

4                   Q.           (BY MR. ALEXANDER)   Were you  
5                   referencing Coshocton County, Ohio?

6                   A.           I was in Coshocton County, Ohio  
7                   two weeks ago, yes.

8                   Q.           Okay. Do you intend to testify  
9                   at trial about this anecdotal experience with  
10                  this one particular couple with addiction  
11                  issues in another part of Ohio?

12                  A.           You asked me if I had any  
13                  interaction with consumers in the child  
14                  welfare system, so I gave you that example.

15                               I have many such examples of  
16                  having conversations with parents in those  
17                  kinds of anecdotal examples, in observing  
18                  family treatment courts, in doing focus  
19                  groups with consumers and social workers over  
20                  the years. I've had lots of conversations  
21                  with social workers, parents, foster parents,  
22                  adoptive parents, lots of different  
23                  consumers, yes.

24                  Q.           My question was whether you

1       intend to testify at trial about this one  
2       particular couple and their particular  
3       experiences with addiction in another part of  
4       Ohio.

5                       MS. FLOWERS: Object to the  
6       form.

7                       THE WITNESS: If I'm asked  
8       about it, I will be honest.

9               Q.       (BY MR. ALEXANDER) Do you rely  
10      on that experience for any particular opinion  
11      you intend to offer?

12              A.       That particular experience is  
13      not unusual from other experiences. It  
14      becomes part, again, of my body of knowledge.  
15      So it's difficult to separate out that body  
16      of knowledge from other similar experiences  
17      and conversations that I have with, again,  
18      parents, foster parents, adoptive parents,  
19      consumers.

20              Q.       Most of what you have done in  
21      your career is work on studies and try to use  
22      systematic analysis of data to come up with  
23      best practices recommendations; right?

24              A.       Yes. That is what policy



1 research is. And that is what I do, yes.

2 Q. Okay. So as a researcher who  
3 tries to follow the scientific method, do you  
4 intend to testify at trial in reliance on  
5 specific instances of interaction with people  
6 who have varying experiences with addiction  
7 related to various substances?

8 MS. FLOWERS: Object to the  
9 form.

10 THE WITNESS: Well, whenever  
11 you're looking at the data, it's  
12 always great when you have interviews  
13 and the qualitative information to go  
14 along with those -- with those data.  
15 So do I rely on them? Of course.  
16 Just as the ASPE study told us that  
17 overdose deaths are related to the  
18 increase of child welfare cases and  
19 they interviewed caseworkers and  
20 stakeholders to get qualitative data  
21 also. That's very appropriate kind of  
22 methods to use. So we would rely on  
23 both of those, yes.

24 Q. (BY MR. ALEXANDER) So examples

1     like this, this couple in Coshocton County,  
2     what opinions do you intend to offer at trial  
3     based on specific experience like this?

4             A.       What I intend to offer at trial  
5     is what is in my report. That particular  
6     situation is already embedded in the  
7     information about what kinds of remedies.

8             She was a successful family  
9     treatment court graduate. She's going on to  
10    school. She is -- was looking at ideas, and  
11    I connected her with our staff member who has  
12    helped other graduates start recovery alumni  
13    groups.

14            So that isn't unusual.

15            Q.       Can you disclose her name?

16            A.       No.

17            Q.       What about her spouse's or her  
18    ex-husband's name?

19            A.       No, I would not do that.

20            Q.       Can you disclose any personal  
21    information about them in terms of what their  
22    particular medical history was, history of  
23    addiction treatment, what they were addicted  
24    to, how that started, any personal

1 information like that?

2 A. I can tell you that she told me  
3 her husband originally got OxyContin as a  
4 result of a work injury, that he had a severe  
5 cut to his leg. Almost lost his leg.  
6 Shortly after that is when she became  
7 pregnant with her first son. She had a  
8 C-section and came home with a large supply  
9 of opioid pills. I didn't ask her what kind.

10 I did not probe.

11 Because of -- I had already  
12 turned in my report, and it was a little odd  
13 for me because I was there under a different  
14 purpose completely, and I was not expecting  
15 to get this woman telling me a story in an,  
16 as you say, an anecdote of something that I  
17 had just turned a report in in the aggregate  
18 about this kind of a situation. I wasn't  
19 even expecting to sit down with this young  
20 woman. She's 31. She has four children.

21 It ended up that she was asked  
22 to come in and talk to these project officers  
23 and federal people that were there to visit  
24 this -- the family treatment court, and

1 everyone else wanted to sit through the  
2 docket, and I've sat through many dockets,  
3 and I felt like when she was there, I needed  
4 to -- everyone else wanted to stay so I said  
5 I'll go talk to her. It wasn't set up. It  
6 wasn't planned.

7 I went into a separate room and  
8 I said, what happened to you? And she  
9 said -- she started to tell me the story  
10 about her husband having this work accident.  
11 And he came home with OxyContin. And I was  
12 surprised because this is what I'd been  
13 working on. And here was this young woman  
14 who her life was nearly destroyed and her  
15 husband's life was destroyed, and I -- here  
16 it was in life. And I wasn't expecting that.  
17 So I didn't probe; I didn't ask her  
18 questions. And then, when she said she was  
19 trying to -- well, actually, the drug court  
20 coordinator had told me that they were so  
21 proud of her and she wanted to -- brought to  
22 develop this alumni group, that would I spend  
23 time with her. So then I told her that I  
24 would -- I gave her my card, and I told her

1       that I would make sure that she got the  
2       resources that we have about starting alumni  
3       groups. And that I would make sure that she  
4       got those.

5                       So I was happy to be able to do  
6       that.

7               Q.       Do you remember what my  
8       question was before you started that answer?

9               A.       No. Did I offer -- no, I  
10      don't, but that was just so amazing to me to  
11      be in a small town in Ohio, and have that  
12      happen and to have that experience. And it  
13      does enrich my career, it enriches -- makes  
14      this live, it makes it real people.

15              Q.       The question was whether you  
16      can reveal any personal information that  
17      would allow us to identify this family or  
18      look at the truth of any of what you  
19      apparently were told.

20                      You're not willing to do that;  
21      correct?

22                      MR. PENDELL: Objection to  
23      form.

24                      THE WITNESS: I would be -- I

1           would be comfortable with asking the  
2           drug court coordinator about that.  
3           But he wouldn't even know I was doing  
4           this. So that makes me uncomfortable.  
5           So do -- you understand why that would  
6           be like an overstepping of that  
7           boundary that she revealed those  
8           things to me?

9                       And I can understand your view  
10          of how do you even know I'm not making  
11          that up. And that's my experience.  
12          That's what happened to me. That's  
13          the last time I spoke to a consumer of  
14          child welfare, and it was two weeks  
15          ago in Coshocton County.

16          Q.        (BY MR. ALEXANDER) Did you  
17          take notes or are there otherwise records  
18          available relating to this encounter with  
19          this particular woman in Coshocton County?

20          A.        No. The person who would know  
21          about that is the court coordinator in  
22          Coshocton County. Because he's the one who  
23          had asked her to come in and meet with the  
24          federal officials that had come in.

1 Q. Okay. So I'm not sure we got  
2 an answer to my question.

3 Are you personally willing to  
4 take steps that would allow it to determine  
5 whether this woman, or the government  
6 employees working with her, would reveal her  
7 identity so that anybody could do any kind of  
8 checking of like, did she or her husband  
9 actually ever get legal prescriptions for the  
10 medications they said or any of the other  
11 facts relating to them that might be  
12 available through public records searches or  
13 database searches or that sort of thing? Are  
14 you or are you not?

15 MR. PENDELL: Objection to  
16 form.

17 MS. FLOWERS: Objection to  
18 form.

19 THE WITNESS: I think I would  
20 rely on Jodi's advice on that before I  
21 would answer that on the  
22 appropriateness of that.

23 Q. (BY MR. ALEXANDER) Are there  
24 other specific anecdotes that you might

1       testify about at trial relating to your  
2       interaction with specific patients or  
3       consumers of social services who have some  
4       current or past history of substance abuse?

5           A.       Not that I can think of right  
6       now.

7           Q.       Okay.

8                   MR. ALEXANDER: Counsel,  
9       Ms. Flowers, do you intend to elicit  
10      from this witness any testimony at  
11      trial that would reveal the individual  
12      facts or circumstances of this woman  
13      in Coshocton County or any other case  
14      that she might talk about as an  
15      example?

16                  MS. FLOWERS: That was pretty  
17      broad.

18                  MR. ALEXANDER: Yeah, but...  
19      And obviously you do know the  
20      order.

21                  MS. FLOWERS: Can we talk about  
22      it on a break?

23                  MR. ALEXANDER: We can, but  
24      here's the issue. And I will say that



1           we went through this in a number of  
2           depositions where people will say I  
3           have a cousin who had this problem or  
4           a neighbor or this or that. And  
5           obviously we only ask questions if  
6           it's going to be revealed or it's a  
7           basis directly or indirectly. And  
8           there is an order about non-public  
9           information as a basis of opinions,  
10          and there was a requirement to  
11          disclose that. Obviously she has said  
12          that this happened since the report,  
13          which hasn't been supplemented or  
14          amended in any ways, and the list of  
15          materials considered has likewise not  
16          been supplemented or amended. We've  
17          gotten no additional data beyond what  
18          we've requested based upon what was in  
19          the report.

20                 So given all of that, either  
21          you're going to or you're not try to  
22          have her inject individual people's  
23          cases. But if you are, obviously our  
24          position would be we're entitled to

1           discovery, the same way would be if  
2           some fact witness under your control  
3           says, I want to talk about personal  
4           experience but I won't allow discovery  
5           underlying the facts. So I think it's  
6           really for you and we can talk about  
7           it off the record during a break,  
8           whatever.

9                       But I think that this is  
10          frankly not the first time this sort  
11          of thing has come up, and when we've  
12          done it before, we have had  
13          plaintiffs' counsel in the various  
14          child and family services depositions  
15          we've had take a position that  
16          basically they wouldn't inject  
17          anecdotes like that because it would  
18          lead to a specific discovery. But you  
19          can think about it and talk about it  
20          with co-counsel. I don't really care  
21          when exactly we deal with it as long  
22          as we deal with it before we're done  
23          today.

24                       MS. FLOWERS: I'm fine with

1           that. I would just like to think  
2           about it, because the way that you  
3           stated it was so broad with respect to  
4           her experience. But I hear you on the  
5           specific example. We're learning  
6           about it the same time you are.

7                       MR. ALEXANDER: I got it. And  
8           I'm not critical of you for not  
9           revealing it, and I'm just trying to  
10          obviously avoid issues.

11                     And just so it's clear, I'm not  
12          just talking about the Coshocton  
13          County couple.

14                     MS. FLOWERS: Right. That's  
15          why I think --

16                     MR. ALEXANDER: If she's going  
17          to say, listen, I know this person and  
18          that person and I saw a person ten  
19          years ago who had a crack addiction  
20          and 20 years ago who had a meth  
21          addiction or whatever and I'm going to  
22          talk about them at trial, and compare  
23          and contrast them to somebody I met in  
24          Kentucky with a heroin addiction, we

1 obviously can't have there be  
2 specifics like that without the  
3 possibility of some discovery. It's  
4 quite different than saying I'm  
5 relying on published literature or  
6 data that we'd have Access to, so...

7 I didn't want to think that I  
8 was only talking about this particular  
9 couple.

10 Q. (BY MR. ALEXANDER) All right.  
11 Let's go back to the questioning, with all of  
12 that done.

13 The only specific example that  
14 you think you might talk about at trial,  
15 depending on what Ms. Flowers and her  
16 colleagues decide, is the one that you've  
17 talked about of interaction over the last  
18 couple of weeks; correct?

19 A. Yes, I think that's right.

20 Q. And going back to what you said  
21 before about your involvement with individual  
22 cases, have you ever had direct personal  
23 involvement with any child, family services  
24 case in Cuyahoga or Summit County?

1 A. No, I don't believe so.

2 Q. The focus groups that you've  
3 been part of, where you have heard  
4 experiences from consumers of children and  
5 family services, have any of those been in  
6 Cuyahoga or Summit County?

7 A. No. We haven't done focus  
8 groups in those two counties.

9 Q. The research that you have  
10 done, has any of that involved you personally  
11 interviewing consumers of children and family  
12 services?

13 A. Yes, we have done consumer that  
14 I have done the focus group, yes.

15 Q. Has any of that related to  
16 Cuyahoga or Summit County?

17 A. No, not specifically.

18 Q. Has any of that related to the  
19 issues of opioid use or substance use  
20 disorder?

21 A. I am trying to remember the  
22 fathers focus group. It certainly wasn't  
23 specific to opioids, so I would say my answer  
24 is no.

1           Q.       Why don't you look at the  
2       second full paragraph on page 3 of your  
3       report, Dr. Young.

4                    It says, in these project  
5       director roles, I have had the experience on  
6       several occasions to convene expert  
7       multidisciplinary working groups to forge  
8       consensus on best practices on emerging  
9       practice and policy challenges in the field.

10                   Examples of these consultative  
11       and professional consensus efforts include,  
12       one, a collaborative approach to the  
13       treatment of pregnant women with opioid use  
14       disorder, SAMHSA 2016.

15                   We've actually referenced that  
16       report, haven't we?

17           A.       Yes, that's right.

18           Q.       And it continues: Guidance to  
19       states, recommendations for developing family  
20       drug court guidance, Children and Family  
21       Futures 2013.

22           A.       Yes.

23           Q.       And three, screening and  
24       assessment for family engagement retention

1 and recovery. Young, et al, 2006.

2 The instances where you  
3 participated in these sorts of working groups  
4 that resulted in some sort of professional  
5 consensus emerging, are there any of these  
6 that are not publicly available because  
7 they've been published under your name or  
8 otherwise available through like your  
9 entity's websites or the professional -- I'm  
10 sorry, or governmental entities that  
11 reference you by name?

12 A. No. These are available on  
13 government websites.

14 Q. Okay.

15 So, in other words, whatever  
16 consensus efforts you've been involved in,  
17 they're all essentially public now. You're  
18 not relying on any kind of private consensus  
19 efforts that you think exist; correct?

20 A. That's correct.

21 Q. And the one that's really most  
22 relevant to the issues here is this first one  
23 about treatment of pregnant women with opioid  
24 use disorders; correct?

1 A. Yes, that's correct.

2 Q. And then, at the bottom of  
3 page 3 under summary of opinions, it gives  
4 three opinions. And those continue to be the  
5 three opinions that you intend to offer at  
6 trial; correct?

7 A. Yes, that's correct.

8 Q. And in terms of the third one,  
9 this is the one I think we've grouped  
10 generally as your recommendations. Is there  
11 anywhere where these recommendations are  
12 summarized besides the report and essentially  
13 the SAMHSA report to the extent that it  
14 overlaps with those?

15 A. Not that they're summarized.  
16 They're in various reports and publications,  
17 for example, the family treatment court  
18 guidance, the screening and assessment  
19 guidance, other monographs. They're all  
20 publicly available.

21 Q. Did you consider for your  
22 opinions in this case any data about the  
23 incidence of fetal alcohol syndrome in  
24 Cuyahoga or Summit County?



1           A.       The incidence of FASD in those  
2       two counties, I did not look at specifically.  
3       I am knowledgeable about the rates of FASD  
4       and FAS in the nation, and often there are  
5       not county-level data available on those two  
6       indicators.

7           Q.       Let's turn to page 6 for a  
8       second, please. We may go backwards, but I  
9       want to just kind of orient us on some of the  
10      things that you've been talking about here.

11                   Graphic two, number of children  
12      in out-of-home care at end of fiscal year in  
13      2000 -- in the United states, 2000 to 2017.

14                   Correct?

15           A.       Yes.

16           Q.       And out-of-home care basically  
17      means foster care or some sort of placement  
18      other than with, what, a parent?

19           A.       Yes. It means that the court  
20      has placed the child in an alternative  
21      placement, not with the parents. So group  
22      home, foster home, kinship placement under  
23      court order.

24           Q.       So the decrease in absolute

1 numbers in the United States from 2000 to  
2 2012, while the population in the  
3 United States was increasing, that was a good  
4 thing, right?

5 MS. FLOWERS: Object to the  
6 form.

7 THE WITNESS: Yes.

8 Q. (BY MR. ALEXANDER) Is there  
9 some number that you think is an ideal number  
10 or a percentage of the population of what you  
11 think kind of the right or ideal number of  
12 out-of-home placements would be?

13 MS. FLOWERS: Object to the  
14 form.

15 THE WITNESS: Zero.

16 Q. (BY MR. ALEXANDER) So the  
17 lower you can drive it, the better; right?

18 A. The lower you can drive it, the  
19 better would mean that fewer children had  
20 been abused or neglected and needed to be  
21 placed in protective custody.

22 Q. And --

23 A. That is correct.

24 Q. And this may be longer than it

1 would take up for all of the remaining time,  
2 but could you come up with a complete list of  
3 the known factors or causative reasons for  
4 child abuse or maltreatment that leads to  
5 out-of-home care placement in the various  
6 ways that you've described?

7 MS. FLOWERS: Object to the  
8 form.

9 THE WITNESS: Do you mean off  
10 the top of my head now?

11 Q. (BY MR. ALEXANDER) Yeah.

12 Like, I mean, it's a really long list, isn't  
13 it? There's substance abuse, single parent  
14 home, poverty, mental illness among parents.  
15 There's a really, really big list of all of  
16 the known reasons that drive this sort of  
17 child maltreatment and the investigations for  
18 child maltreatment that lead to out of  
19 care -- out-of-home placement; correct?

20 A. Well, actually kids are not  
21 removed for those reasons. I know sometimes  
22 in the data system it says reasons for  
23 removal, but the state statutes are pretty  
24 clear that reasons for removal are various

1 categories of abuse or neglect. So abuse can  
2 be physical abuse, emotional abuse, sexual  
3 abuse. Neglect can be emotional neglect,  
4 failure to provide, different forms of  
5 medical neglect. Neglect has some categories  
6 of how the child was neglected. You didn't  
7 feed; you can't provide a safe environment.  
8 Those are different ways that children are  
9 neglected.

10 These other things that you're  
11 mentioning are things that contribute to the  
12 abuse or the neglect. So a parent's  
13 substance use is contributing to the neglect.  
14 The children are not removed for substance  
15 abuse alone. They're removed for categories  
16 of neglect or categories of abuse.

17 Q. What does dependency mean as a  
18 reason for removal?

19 A. Dependency? I don't know what  
20 context you're using that in.

21 Q. The way the term appears in  
22 SACWIS and the databases that draw data from  
23 SACWIS.

24 MS. FLOWERS: Object to the

1 form.

2 THE WITNESS: That means that  
3 the child has been made -- my  
4 understanding. Now, you also have to  
5 recognize that every state system has  
6 its own state system. So if you know  
7 SACWIS in one state, you know SACWIS  
8 in one state.

9 So there are categories of  
10 variables that are reported to the  
11 federal government, and every state  
12 has their own state system.

13 So there are not -- there's not  
14 one SACWIS. So, for example, we're  
15 sitting in California. California  
16 doesn't have a federally approved  
17 SACWIS system, although they operate a  
18 data system. So you -- if you know  
19 dependency and what that means in  
20 Ohio, you don't necessarily know what  
21 that category or what that variable  
22 means in California.

23 So I may be guessing on what  
24 that actually means in that -- that

1 category in Ohio.

2 MR. ALEXANDER: Okay.

3 Q. (BY MR. ALEXANDER) I would  
4 make an assumption that dependency means that  
5 that child has been through the court process  
6 and been named as a dependent of the court.  
7 But I'm not sure.

8 Q. (BY MR. ALEXANDER) Did you do  
9 any investigation, "yes" or "no," on how  
10 SACWIS uses any of the terms that are  
11 contained in SACWIS for Ohio?

12 MS. FLOWERS: Object to the  
13 form.

14 THE WITNESS: I looked at the  
15 categories of the way that parent  
16 substance use is recorded but not with  
17 any depth because I understand how  
18 seriously undercounted parent  
19 substance use is in the AFCARS data  
20 and in the SACWIS data, and I  
21 understand the reasons why it's  
22 undercounted.

23 Q. (BY MR. ALEXANDER) So my  
24 question was specific to SACWIS for Ohio.

1 Did you do any investigations for this case  
2 on how any terms are used in SACWIS?

3 MS. FLOWERS: Object to the  
4 form. Asked and answered.

5 THE WITNESS: Between January  
6 and March, I did not ask for any  
7 specific data runs of SACWIS in Ohio.  
8 I already knew information from SACWIS  
9 in Ohio from work that I had  
10 previously done related to the SSIP  
11 project.

12 Q. (BY MR. ALEXANDER) So let's go  
13 back to graphic two.

14 So given that there are all of  
15 these factors, all these broad societal  
16 factors that drive physical abuse of  
17 children, sexual abuse of children, neglect  
18 of children, all the things that frankly we  
19 all wish there was less of, do you know why  
20 it was for these 12 years, despite the  
21 population of the U.S. growing, that we had  
22 this good trend on children in out-of-home  
23 care?

24 MS. FLOWERS: Object to the

1 form.

2 THE WITNESS: Most child  
3 welfare practitioners, stakeholders,  
4 policymakers, attribute that decrease  
5 in kids in care to primarily the  
6 Adoption and Safe Families Act that  
7 was passed in 1997, which did several  
8 things: It put a great emphasis on  
9 reducing the number of kids in care.  
10 It provided incentives to states to  
11 get kids adopted and to find adoptive  
12 homes. So this static number of kids  
13 in care is made up of two primary  
14 factors, the number of children that  
15 come into care and the number of kids  
16 that are staying.

17 So there were efforts that were  
18 made on both ends of the system, if  
19 you will. Don't take as many kids  
20 into the system and get the kids that  
21 are in the system out into permanency.

22 So the Adoption and Safe  
23 Families Act put restrictions on the  
24 number of months that a child could



1 stay in out-of-home care. They had to  
2 have a permanent plan in their  
3 permanent record in the court record  
4 within 12 months. If there -- if the  
5 child was in out-of-home care for  
6 15 months out of 22, there had to be a  
7 motion by the State or by the County  
8 to move to terminate parental rights  
9 unless it was not in the best interest  
10 of the child. So there was a lot of  
11 effort on permanency for the child.

12 So that moved a lot of kids  
13 that had been in the system for a long  
14 time into permanent placement,  
15 adoption, guardianship, other forms of  
16 being in permanent placements, not in  
17 foster care. There were also a lot of  
18 alternatives put into practice, so  
19 alternative placements meaning put  
20 kids into kinship placements, or you  
21 may have heard of alternative  
22 response, so that the initial response  
23 was not placement but let's see if we  
24 can put services in place in the

1 community to keep the child at in-home  
2 services, so that the child wasn't  
3 removed.

4 So during that time period,  
5 there were a lot of things that were  
6 going on in the child welfare system.  
7 And you may note that during that time  
8 period, there was also the  
9 methamphetamine epidemic.

10 So child welfare, by and large,  
11 was doing pretty well until 2012,  
12 2013, and, as I said, most everyone  
13 that I know, that has commented on  
14 what's the rise, attributes the rise  
15 to the prescription drug and then  
16 ongoing opioid crisis epidemic in our  
17 country.

18 Q. (BY MR. ALEXANDER) Are you  
19 done with your answer?

20 A. I am.

21 Q. So there were legislative  
22 reasons that led to the drop that was seen  
23 for 12 years as depicted on the data here;  
24 correct?

1           A.       Legislative and programmatic  
2 reasons.

3           Q.       And then if I go to pages --  
4 flip forward for a second to pages 18 and 19.  
5 I don't know if your reformatting changed any  
6 of this. They're essentially similar --  
7 there's a similar chart for Cuyahoga and  
8 Summit County that does the same sort of  
9 thing, children in out-of-home care in  
10 Cuyahoga and Summit. This just has 2004  
11 through 2017, and there's a -- blue is  
12 Cuyahoga and orange is Summit, according to  
13 this graph. Do you see that?

14          A.       Yes, I do.

15          Q.       And so if we look at this for  
16 Cuyahoga, other than -- well, let's just  
17 break it up.

18                   Summit has continuously --  
19 well, continuously dropped from 2004 through  
20 2011, and from 2011 through 2017 has had a  
21 very slight gain but essentially remains  
22 stable. A little bit up and down. Do you  
23 see that?

24          A.       Well, I count that as going up.

1 Q. Well, it dropped between '16  
2 and '17; right?

3 A. Well, in my report, I actually  
4 believe that that's a data correction,  
5 because if you look at the numbers between  
6 2015, 588, and then all the way up to 675 in  
7 2016, and then down to 648, I believe you  
8 need to average that '16 and '17. It  
9 probably was a timing of data entry that  
10 there could be such variation between those  
11 two years.

12 So it's probably a continuing  
13 upward trend.

14 Q. Okay. But it was dropping for  
15 the first seven years of this chart. Do you  
16 agree with that?

17 A. Similar to the overall -- yes,  
18 in almost the same pattern as the overall  
19 federal trend of going down until 20 -- until  
20 2012.

21 Q. And if you look at Cuyahoga, it  
22 dropped for the first five years, then went  
23 up for two years, then down for two years,  
24 and has had a slight increase over the last

1 four years of this chart; is that the  
2 description --

3 A. Yes.

4 Q. Is that an accurate  
5 description?

6 A. Mm-hmm. (Witness nods.)

7 Q. During the time period for like  
8 Summit and Cuyahoga where overall there's a  
9 significant drop in children in out-of-home  
10 placement at the end of the year, at the same  
11 time period through 2012, this is the time  
12 period during which, as you understand it,  
13 there was a rise in total prescriptions being  
14 written and dispensed in these counties for  
15 opioids; correct?

16 A. I believe that's the time  
17 period, yes.

18 Q. And the time period of heroin  
19 and illegal drugs making a rise followed this  
20 2012 time period when we tend to see a rise  
21 in the numbers here; correct?

22 A. Right. Those people that  
23 moved -- my understanding, those people that  
24 became opioid dependent and then moved to

1 heroin, yes, that's my understanding.

2 Q. So let's go backwards, then.

3 If we go backwards to 2000 --

4 I'm sorry, to page 12 of your report, where  
5 you're talking about national analyses  
6 related to the factors associated with child  
7 placement. Do you see that?

8 A. Yes.

9 Q. There's a graph on page 11.  
10 And that is not the absolute percentage of  
11 factors related to child placement. That's  
12 looking at -- it's kind of on a wacky scale,  
13 but it's done to show changes in this  
14 ten-year time period of whether a reason  
15 became more or less common according to the  
16 way that this was tracked in this particular  
17 database; correct?

18 A. That's correct.

19 Q. So if we looked at overall,  
20 like what were the most common factors as the  
21 reasons for child placement, it would be a  
22 different list. There would be a number --  
23 which one was number one, number two, number  
24 three, those didn't necessarily change from

1 year to year over this ten-year time period;  
2 right?

3 MS. FLOWERS: Objection, lack  
4 of foundation.

5 THE WITNESS: I'm sorry, I  
6 don't understand your question.

7 Q. (BY MR. ALEXANDER) Like, for  
8 instance, neglect. That -- that is a common,  
9 most frequent reason that's associated with  
10 a -- as a factor for child placement  
11 throughout this time period; right?

12 A. That is a -- yes, a category  
13 for removal, right.

14 Q. Sexual abuse unfortunately,  
15 physical abuse unfortunately, these are also  
16 all going to be among the most common reasons  
17 for child placement, each of these years for  
18 this 11-year -- these 11 years at issue here?

19 MS. FLOWERS: Object to the  
20 form.

21 THE WITNESS: Well, what this  
22 is showing is the percentage change  
23 over that decade of what went up and  
24 what went down.

1 Q. (BY MR. ALEXANDER) I  
2 understand. I'm saying if you presented this  
3 graphic instead of percentage change, and you  
4 just looked at the most common ones from year  
5 to year, these three that I've identified,  
6 neglect, physical abuse and sexual abuse, are  
7 going to be among the top reasons for child  
8 placement each year; right?

9 MS. FLOWERS: Object to the  
10 form, lack of foundation.

11 THE WITNESS: I don't know  
12 that. I don't know.

13 Q. (BY MR. ALEXANDER) Did you  
14 look at the most common reasons for this time  
15 period?

16 A. I didn't look at the data that  
17 way.

18 Q. In the discussion that follows,  
19 it said, this discrepancy in data led the  
20 office of the Assistant Secretary For  
21 Planning and Education, ASPE, in the  
22 Department of Health and Human Services to  
23 conduct a mixed method study of quantitative  
24 indicators of the opioid impact on foster



1 care in a series of qualitative interviews.

2 Do you see that?

3 A. Yes. I would just correct that  
4 it's the Assistant Secretary For Planning and  
5 Evaluation, ASPE.

6 Q. This ASPE paper, the research  
7 and the paper that followed, we've talked  
8 about in -- or we've referred to a couple of  
9 times so far; correct?

10 A. Yes, we have.

11 Q. And --

12 A. There's actually a series of  
13 four papers.

14 Q. And the one that you reference  
15 is the Radel paper from 2018, which is on the  
16 next page as the cite at the end of the third  
17 bullet; right?

18 A. That's correct. Radel.

19 Q. And so continuing on 11. I  
20 think -- I want to make sure we're on the  
21 same page, because there is a description  
22 here. It says: Their study was to determine  
23 the strength of the relationship at the  
24 county level of government, and they

1 conducted interviews with 188 professionals  
2 to understand the impact of opioids on child  
3 welfare systems.

4 Did I read that right?

5 A. You did read that right.

6 Q. Specifically they evaluated the  
7 impact rates of drug overdose deaths,  
8 drug-related hospital stays and emergency  
9 room visits on foster care reports of  
10 maltreatment, substantiated reports in which  
11 child protective -- protection investors have  
12 confirmed that maltreatment occurred and  
13 foster care entries.

14 Do you see that?

15 A. Yes, I do see that.

16 Q. And do you have that sort of  
17 data analysis specific to Cuyahoga and Summit  
18 County?

19 A. Only in their findings that  
20 Summit and Cuyahoga appear on their map that  
21 they show that Summit and Cuyahoga are  
22 counties with rates of drug overdose deaths  
23 and foster care entries both above the  
24 national median in 2016.

1                   Those are the only data that  
2           they made available specific to that.

3           Q.       And do you know anything about  
4           how Cuyahoga and Summit Counties calculate  
5           their tallying of drug overdose deaths that  
6           would be used in that sort of color chart  
7           like graphic nine?

8           A.       They, meaning ASPE, obtained  
9           the National Vital Statistics System  
10          mortality data and used that at the county  
11          level, and then calculated those rates with  
12          the foster care, those three data points,  
13          reports, entries, and -- I'm sorry, reports,  
14          substantiated reports and entries.

15          Q.       The overdose death statistics  
16          and National Vital Statistics come from the  
17          Cuyahoga County and Summit County officials;  
18          correct?

19          A.       Yes, that's correct.

20          Q.       So then back to my question.  
21          Do you know how overdose deaths like would be  
22          ultimately counted here through Vital  
23          Statistics are tallied or determined in these  
24          counties?

1 A. No, I do not.

2 Q. Like do you know if -- how they  
3 treat intentional versus unintentional  
4 death -- overdose death?

5 A. No, I do not. I read the  
6 methods section again, just in the last few  
7 days, on this analysis, and I'm sorry I do  
8 not remember that specific.

9 Q. In these three bullets on page  
10 12, are you intending to summarize this Radel  
11 paper correctly?

12 A. These bullets are taken from  
13 the Radel paper.

14 Q. And it continues on page 13.  
15 Again you have extensive, essentially  
16 quotation or summarization of the Radel  
17 paper; correct?

18 A. Yes. This graphic is from the  
19 Radel paper.

20 Q. And that continues on to  
21 page 14, a chunk of what you present on  
22 page 14 is basically straight out of the  
23 Radel paper, at least the parts of it that  
24 you presented; correct?

1           A.       Yes. That's correct. These  
2       are the -- 13 and 14 are from their  
3       interviews.

4           Q.       Okay.

5                   (Whereupon, Deposition Exhibit  
6       Young-4 was marked for  
7       identification.)

8           Q.       (BY MR. ALEXANDER) I've marked  
9       as Exhibit 4 -- here's a copy for you,  
10      Counsel -- a copy of the Radel paper that I  
11      believe you've been referencing over the  
12      sections of your report that we've discussed.

13                   Can you confirm that that's the  
14      case for Exhibit 4?

15          A.       If this is the report with the  
16      same date, March 7th of '18 -- is that the  
17      same date that I reference?

18          Q.       Yep.

19          A.       Then it is the same report.

20          Q.       And in fact you can see that  
21      you've used some of these figures as is from  
22      the Radel paper or the small kind of color  
23      changes. Graphic nine in your report is  
24      figure two from the Radel paper?

1 A. Yes.

2 Q. Correct?

3 A. Mm-hmm.

4 Q. Yours is orange, theirs is red.  
5 Right?

6 A. They look the same color to me.

7 Q. Okay. Well, maybe it's just  
8 the way we've printed it. But you intended  
9 to copy this as is?

10 A. I lifted it.

11 Q. And what about, then, from the  
12 Radel paper, figure three, versus your  
13 graphic ten on page 13 of your report? Is  
14 that supposed to be lifted as is?

15 A. We reproduced that, I believe.

16 Q. Do you see how the numbers  
17 don't match up?

18 A. 4.4, 2.6 and 2.4 and 2.3 and  
19 2.2. Drug overdose deaths.

20 (Sotto voce document review by  
21 the witness.)

22 I do see that.

23 Q. (BY MR. ALEXANDER) Any  
24 explanation for why your graphic ten from

1       your report doesn't match Figure 3 from the  
2       published Radel report?

3               A.       No, I don't have --

4                       MS. FLOWERS: Object to form.

5               Q.       (BY MR. ALEXANDER) And  
6       Figure 3 from the Radel report has, just for  
7       colors, I'm not suggesting there's anything  
8       with it in the placement of the little box,  
9       there is a black arrow and then three red  
10      arrows, and the little box is on an angle  
11      covering the first black arrow where it says  
12      ten percent increase in overdose death rates?  
13      And yours are all blue arrows, with a blue  
14      vertical box? Do you see the difference?

15              A.       Yes.

16              Q.       Do you know how those  
17      differences came to be?

18              A.       No, I do not.

19              Q.       Yours adds the words  
20      "corresponds with," and then dot, dot, dot.  
21      Do you see that?

22              A.       Yes. I do see that.

23              Q.       And the way it works in this  
24      graphic, or figure, and in the paper, the

1       ten percent increase is over the national  
2       median; correct?

3               A.       Yes.

4               Q.       It's not a ten percent compared  
5       to some historic number, like it's increased  
6       from year to year. It's how the numbers in  
7       the particular county relate to the national  
8       average; correct?

9               A.       Yes, that is correct.

10              Q.       And that's true for any of your  
11       discussions of this ten percent increase.  
12       You're not talking about an increase over  
13       time; you're talking about being essentially  
14       above the national median on a county basis;  
15       correct?

16              A.       Yes, that's correct.

17                      I am thinking about these  
18       differences in the percentages, and obviously  
19       they're not material. They're 2.3 versus  
20       2.2, and 2.4 versus 2.6. But I am thinking  
21       that there was a prior version of this report  
22       that had these figures. I'm remembering that  
23       there was an adjustment in the report, and  
24       that this was rereleased. And obviously when



1     you put it back on the website, you can't  
2     actually tell that. So I actually reviewed  
3     this report when it was in draft, and then it  
4     was released. And I'm remembering something  
5     about that. So obviously the percentages are  
6     not material, but I -- something's like  
7     triggering that that was what happened.

8             Q.       Why don't you go to then, for  
9     your report, the bottom of page 39. This is  
10    the second page of your references. And  
11    there's a citation to this paper. It says  
12    Radel L, Baldwin M, Crouse G, and then it  
13    gives the title, and it gives the citation.  
14    Do you see that that matches up with the  
15    piece of paper in front of you?

16            A.       Uh-huh.

17            Q.       And it says retrieved March 9,  
18    2019, from ASPE.HHS.gov, and then it gives a  
19    specific file extension relating to this. Do  
20    you see that?

21            A.       Mm-hmm. (Witness nods.)

22            Q.       So it says you're relying on  
23    the version that existed as of March 9, 2019  
24    on the ASPE system. Do you see that?

1           A.       Yes.

2                   MS. FLOWERS: Just for the  
3                   record, the document is dated  
4                   March 7th.

5                   MR. ALEXANDER: Of the prior  
6                   year when it was published. That's  
7                   not the actual date, Counsel.

8                   MS. FLOWERS: Okay.

9                   THE WITNESS: So, I, again, we  
10                  reproduced this graph, and have been  
11                  using it for quite some time. So I  
12                  can explain, if you're interested,  
13                  that this is a PowerPoint that we  
14                  would have been using for some time.  
15                  And again, the differences in  
16                  percentages are not material.

17                Q.       (BY MR. ALEXANDER) I didn't  
18                say one way or the other whether they were  
19                and we talked about this in general, that  
20                essentially part of your report is cuts and  
21                pastes from prior presentations you've given?

22                   MS. FLOWERS: Object to the  
23                   form and the misstatement of counsel.

24                Q.       (BY MR. ALEXANDER) Right?

1 A. Yes.

2 MS. FLOWERS: Objection to  
3 form.

4 THE WITNESS: There's a body of  
5 knowledge and literature that has been  
6 there for some time, yes.

7 MR. ALEXANDER: Okay.

8 Q. (BY MR. ALEXANDER) So the  
9 three bullets that are in the box on the  
10 first page of Exhibit 4, these would be the  
11 way it works for a publication like this.  
12 These are done by the authors, giving like  
13 their own little summary of what they think  
14 the take-home messages are. Is that the way  
15 it works?

16 A. Yes. Typically, yes.

17 Q. And so other than Ms. Radel, do  
18 you know any of these other authors?  
19 Dr. Waters, Dr. Crouse, Dr. Baldwin, or  
20 Ms. Ghertner?

21 A. The only one that I haven't --  
22 that I don't remember meeting is Dr. Crouse.

23 Q. And do you know where all these  
24 folks work?

1           A.       They -- I don't know where  
2       Melinda is presently. The others are at  
3       Assistant Secretary For Planning and  
4       Evaluation.

5                   Dr. Baldwin was at the -- at  
6       ACYF, I believe. Or may have been at ACF.  
7       I'm not sure.

8           Q.       And there's a reference in this  
9       paper in a couple of places of data  
10      collection done by Mathematica Policy  
11      Research. Do you know that entity?

12          A.       Yes, I do.

13          Q.       And have you ever worked with  
14      them?

15          A.       Yes, I have.

16          Q.       Are they competent and  
17      qualified as far as you know?

18          A.       Oh, yes.

19                   MS. FLOWERS: Object to form.

20          Q.       (BY MR. ALEXANDER) Do you know  
21      if any of these authors work at that entity?

22          A.       No, I don't know that. I don't  
23      believe so.

24          Q.       Let's go to the introduction.

1 It says, "After more than a decade of  
2 sustained declines in national foster care  
3 caseload, the number of children entering  
4 foster care began to rise in 2012."

5 Did I read that right?

6 A. Yes, you did.

7 Q. Do you agree with those  
8 statements?

9 A. Yes, we've already said that.

10 Q. "Between 2012 and 2016, the  
11 number of children in foster care nationally  
12 rose by ten percent from 397,600 to 437,500.

13 "Although the experience of  
14 individual states varied, more than  
15 two-thirds, 36 states, experienced caseload  
16 increases.

17 "Hardest hit have been six  
18 states whose foster care populations rose by  
19 more than 50 percent over this 4-year  
20 period."

21 Did I read the rest of that  
22 paragraph correctly?

23 A. Yes, you did.

24 Q. And the footnote identifies

1       those six states, and Ohio is not one of  
2       them; correct?

3               A.       Yes, that's correct.

4               Q.       And then essentially what it  
5       says is because of this experience, this is  
6       why this research effort was initiated,  
7       including with the assistance of Mathematica  
8       Policy Research.

9                       Do you see that?

10              A.       Yes.

11              Q.       If you go to the second page,  
12       there's a discussion of how we conducted the  
13       study.

14                       Do you see that?

15              A.       Yes, I do.

16              Q.       So I'm going to read all of it  
17       so that there's no -- nothing incomplete.

18                       "This study combines  
19       statistical modeling and qualitative data  
20       collection to answer the broad question, how  
21       does parental substance use currently affect  
22       child welfare systems. We conducted  
23       statistical modeling to examine how two  
24       indicators of substance use prevalence relate

1 to child welfare caseload rates."

2 Have I read it right so far?

3 A. Yes, you have.

4 Q. "Child welfare caseloads  
5 include reports of maltreatment,  
6 substantiated reports in which child  
7 protection investigators have confirmed that  
8 maltreatment occurred, and foster care entry  
9 rates."

10 Did I read that right?

11 A. Yes, you did.

12 Q. And that's actually verbatim in  
13 your report; correct?

14 A. I don't know that for sure.

15 Q. I mean, you have parts of this  
16 paper that are verbatim in your report with  
17 or without quotes; right?

18 MS. FLOWERS: Object to the  
19 form.

20 THE WITNESS: I don't know that  
21 for sure.

22 Q. (BY MR. ALEXANDER) It says,  
23 "We used two measures of substance use, rates  
24 of drug overdose deaths and rates of hospital

1 stays and emergency department visits related  
2 to substances (referred to as drug  
3 hospitalizations.)

4 "Both measures include all  
5 substances except alcohol and tobacco."

6 Do you see that?

7 A. I do see that.

8 Q. Do you have any idea why they  
9 decided to exclude alcohol and tobacco?

10 A. They were looking specifically  
11 for opioids.

12 Q. Okay. "We used multiple years  
13 of data for most counties in the U.S. and  
14 accounted for a variety of demographic,  
15 economic, and other factors that confound the  
16 relationship between substance abuse and  
17 child welfare caseloads."

18 Do you see that?

19 A. Yes, I do.

20 Q. Do you know what the  
21 demographic, economic, and other factors are  
22 that confound the relationship between  
23 substance use and child welfare caseloads?

24 A. Off the top of my head, I



1 wouldn't want to try and remember those, but  
2 they are detailed in the methods section of  
3 their reports.

4 Q. Can you name one that you think  
5 would be a known confounder?

6 A. They -- I'm trying to remember  
7 the things that they controlled for. And I'm  
8 sorry, I don't remember.

9 Q. I didn't ask you what they  
10 controlled for.

11 A. Right.

12 Q. I'm asking you what are the  
13 known confounders in this area that would  
14 confound the relationship between substance  
15 use and child welfare caseloads.

16 MS. FLOWERS: Object to the  
17 form.

18 Q. (BY MR. ALEXANDER) I just  
19 asked you, can you name one of them?

20 MS. FLOWERS: Object to the  
21 form.

22 THE WITNESS: Actually, I would  
23 like to take a break, because my brain  
24 is not working and -- right at the

1 moment, to be able to think it  
2 through.

3 MR. ALEXANDER: So actually --

4 THE WITNESS: We'll come back  
5 to this.

6 MS. FLOWERS: You have to  
7 answer the question.

8 MR. ALEXANDER: The rule is,  
9 while there's a question pending, you  
10 do have to answer it.

11 THE WITNESS: Okay.

12 The thing that's throwing me is  
13 that "confound the relationship  
14 between the two."

15 So let me think about that for  
16 just a minute.

17 I'm sorry, I don't -- I can't  
18 think of one right now. I'd like to  
19 come back to that. So my answer is,  
20 I'm sorry, no, I can't think of one  
21 right now.

22 Q. (BY MR. ALEXANDER) Do you need  
23 a break or do you -- can you answer like  
24 another question before we come to a logical

1       stopping point on this?

2                   MS. FLOWERS:  She's asked for a  
3       break.  I think we should take one.

4                   THE WITNESS:  Let's take a  
5       break.

6                   MR. ALEXANDER:  Okay.  That's  
7       fine.  We can go off the record.

8  
9                   THE VIDEOGRAPHER:  Okay.  We  
10      are now going off the record, and the  
11      time is 4:22 p.m.

12                   (Recess taken, 4:22 p.m. to  
13      4:45 p.m.)

14  
15                   THE VIDEOGRAPHER:  We are now  
16      going back on the record, and the time  
17      is 4:45 p.m.

18                   Q.       (BY MR. ALEXANDER)  Dr. Young,  
19      did you review any documents during the  
20      break?

21                   A.       No, I did not.

22                   Q.       Do you have any of your  
23      testimony thus far you need to change or  
24      supplement in any way?

1           A.           No, I do not.

2                       MR. ALEXANDER:   And plaintiffs'  
3           counsel, do you have a response on the  
4           issue that we discussed during the  
5           last segment in terms of whether  
6           certain anecdotal information would be  
7           presented at trial through this  
8           witness?

9                       MS. FLOWERS:   Yeah.   I think,  
10          with respect to this witness and her  
11          experience, it's a whole different  
12          issue than her personal experience, so  
13          I can't give you the same  
14          representation that I was able to give  
15          you with respect to her personal.

16                      MR. ALEXANDER:   Okay.   So do  
17          you have a problem, Counsel, with  
18          making sure that we get discovery on  
19          the bases of her opinion in terms of  
20          any particular individual case that  
21          she might want to talk about at trial,  
22          the couple in Coshocton County or  
23          whoever else might come up?

24                      MS. FLOWERS:   Well, you're the

1           one asking the questions. It came  
2           out. So do what you want.

3                   MR. ALEXANDER: No, no. She  
4           said she would follow your advice on  
5           whether you would allow us to obtain  
6           that sort of information. That's  
7           where it was going to --

8                   MS. FLOWERS: I'm not going to  
9           agree to that right now.

10                  MR. ALEXANDER: Okay. Well,  
11          we'll have to just reserve our rights  
12          and follow up after the deposition. I  
13          think that's as much as we can do,  
14          given what her answers have been.  
15          Maybe looking at the transcript will  
16          show you where we are.

17                  MR. PENDELL: Maybe it will  
18          show you where we are.

19                  MR. ALEXANDER: That was really  
20          helpful. Really, really good. Glad  
21          you guys have two people objecting at  
22          once. Awesome.

23                  MS. FLOWERS: I do think that  
24          it goes to experience. And we don't

1           intend to elicit any individual  
2           stories, but you just did, so I can't  
3           make a promise.

4                   MR. ALEXANDER: I understand  
5           your position, Counsel. I don't think  
6           that we're arguing or being difficult  
7           about any of this, but it's clearly a  
8           matter of knowing what she's going to  
9           say in terms of specifics. Again,  
10          we've litigated a bunch of times.

11          Q.           (BY MR. ALEXANDER) So, Doctor,  
12          going back to Exhibit 4, I think where we  
13          were was we were on page 2. And the next  
14          section talks about the qualitative analysis  
15          that they did in addition to the quantitative  
16          analysis. Are you with me?

17                   MS. FLOWERS: No. 4?

18                   THE WITNESS: Yes.

19          Q.           (BY MR. ALEXANDER) And there's  
20          a list of the sites for the interviews, the  
21          188 interviews that are referenced in a  
22          number of places in your report.

23                   And if you look at the sites,  
24          you'll see that no interviews included

1 Cuyahoga or Summit County, Ohio. Do you see  
2 that?

3 A. Yes, that's correct.

4 Q. And, in fact, no Ohio sites  
5 were included at all; correct?

6 A. Correct. The closest sites  
7 were in Indiana.

8 Q. Well, some West Virginia  
9 counties as well, to be fair --

10 A. Yes. That's true.

11 Q. -- right?

12 A. Yes.

13 Q. So just a couple hundred miles  
14 away from Cuyahoga or Summit County. Is that  
15 your point about the closest?

16 A. I believe that's right.

17 Q. So if you go to page 3, that's  
18 the third page of -- the number doesn't  
19 actually appear on the third page, but the  
20 third page, the right column, it says, "Many  
21 factors that differ across counties  
22 influenced child welfare practices, child  
23 maltreatment and substance use."

24 Do you see that?

1           A.       Yes, I do.

2           Q.       "These factors make it  
3       difficult to identify the extent to which  
4       substance use and child welfare are related  
5       in the average county."

6                   Do you see that?

7           A.       Yes.

8           Q.       Do you agree with that so far?

9           A.       I agree that that's what the  
10       page says, yes.

11          Q.       No, I'm asking do you agree  
12       with what has been stated in substance? Many  
13       factors differ across and they make it  
14       difficult to identify the extent to which  
15       substance use and child welfare are related  
16       in the average county?

17          A.       Yes. I take that to mean the  
18       way in which substance use is undercounted in  
19       child welfare practice. That is my  
20       interpretation of that.

21          Q.       Let's continue with the rest of  
22       the paragraph.

23                   "For example, poverty is a  
24       strong predictor of both child welfare



1 involvement and substance use. Since not  
2 every county has the same poverty rate, not  
3 taking poverty into account may mask the true  
4 relationship between child welfare and  
5 substance use prevalence."

6 Do you see that?

7 A. Yes, I see that.

8 Q. Did I read that one right?

9 A. Yes, you did.

10 Q. Does that help inform you that  
11 what was talked about in the prior sentences  
12 isn't at all what you said, but it actually  
13 relates to this issue of confounding factors?

14 MS. FLOWERS: Object to the  
15 form of the question.

16 THE WITNESS: Well, I  
17 understand what you're saying, but I  
18 also understand that the mini factors  
19 that differ include the making it  
20 difficult to identify the extent to  
21 which substance use and child welfare  
22 are related in the average county is  
23 also a mini factor is the fact that it  
24 is seriously undercounted in the

1           information system. So that is a  
2           factor also.

3           Q.       (BY MR. ALEXANDER) So this  
4           issue of, let's say, poverty, do you know  
5           anything about the Medicaid rate or other  
6           measure of poverty in Cuyahoga or Summit  
7           County, particularly the parts of those  
8           counties that consume the most children's  
9           services?

10          A.       I have seen maps of those ZIP  
11          codes, but I couldn't pull that up off of the  
12          top of my head.

13          Q.       Well, your report doesn't  
14          include any analysis that you or your staff  
15          did that look at any of these sorts of  
16          socioeconomic factors, demographic or other  
17          factors, that would be specific to Cuyahoga  
18          or Summit County; correct?

19                   MS. FLOWERS: Object to the  
20          form.

21                   THE WITNESS: No, it does not.

22          Q.       (BY MR. ALEXANDER) And to  
23          really get down to the relationship between  
24          child services consumption and what's going

1 on with anything relating to substance use in  
2 Cuyahoga or Summit County, you would need to  
3 have this sort of information to control for  
4 these factors; correct?

5 MS. FLOWERS: Object to the  
6 form.

7 MR. PENDELL: Object.

8 THE WITNESS: No, I disagree.

9 Q. (BY MR. ALEXANDER) Well, the  
10 authors say that they attempted to use  
11 physical models to account for a range of  
12 factors to more precisely estimate this  
13 relationship, didn't they?

14 A. They were doing a statistical  
15 model which was not what I was attempting to  
16 do. So that is the reason why they were  
17 using that kind of a model.

18 Q. For increased precision;  
19 correct?

20 A. Yes, and they were looking at  
21 the entire country. So different type of  
22 analysis completely.

23 Q. Do you know where Cuyahoga and  
24 Summit County are on any of these

1        socioeconomic factors compared to the average  
2        county in the country?

3                A.        No, I do not.

4                Q.        Did you do anything before you  
5        started testifying today to figure out any of  
6        those sorts of local considerations?

7                        MS. FLOWERS: Object to the  
8        form.

9                        THE WITNESS: I have looked at  
10       those indicators previously, yes.

11                Q.        (BY MR. ALEXANDER) For forming  
12       your opinions that you intend to offer  
13       pursuant to your report, when called as an  
14       expert witness at trial if that happens, have  
15       you looked at any specific socioeconomic or  
16       demographic factors for Cuyahoga or Summit  
17       County that might be recognized as  
18       confounding the relationship between  
19       substance use and child welfare caseloads?

20                        MS. FLOWERS: Object to the  
21       form.

22                        THE WITNESS: No, I don't  
23       intend to offer opinions related to  
24       that.

1 Q. (BY MR. ALEXANDER) Okay. Why  
2 don't you go to page 4 of Exhibit 4.

3 Some of this is included in  
4 your report. It says, "The higher rate of  
5 placement into foster care suggests that  
6 cases in areas with higher indicators of  
7 substance use may have distinctive  
8 characteristics.

9 "Experienced caseworkers,  
10 judges, and others noted several factors that  
11 we perceived as contributing to higher  
12 caseloads and greater difficulty in  
13 reunifying families relative to previous  
14 eras, including the methamphetamine crisis of  
15 the mid to late 1990s, and the crack epidemic  
16 of the 1980s."

17 Did I read that right so far?

18 A. Yes, you did.

19 Q. And you see the time frame that  
20 they're giving for the methamphetamine  
21 crisis; correct?

22 A. Yes. I do.

23 Q. All before the time when the  
24 foster care placement data that we were going

1 over started declining; correct?

2 A. Yes. However, I don't know  
3 that that is accurate.

4 Q. Have you told Dr. Radel that  
5 you think that some of her paper is  
6 inaccurate?

7 MS. FLOWERS: Object to the  
8 form.

9 THE WITNESS: No, I have not.

10 Q. (BY MR. ALEXANDER) The prior  
11 paragraph we were going over about, you know,  
12 why they did statistical modeling to account  
13 for confounders like poverty and you had this  
14 interpretation that that really was about  
15 underreporting, did you ever ask her about  
16 what she meant or what she and her coauthors  
17 meant with that paragraph?

18 A. I didn't have that specific  
19 conversation with her about that paragraph,  
20 but we've had several conversations about the  
21 underreporting of parental substance use in  
22 the AFCARS data.

23 Q. Did you ever talk to Dr. Radel  
24 about their interpretation of the importance

1 of accounting for confounding factors in  
2 doing their analysis?

3 A. We had a few conversations  
4 while they were in the process of putting  
5 this paper together. I don't recall that it  
6 was specific about the way they were trying  
7 to account for the other variables that they  
8 were putting into their model.

9 Q. Okay. So let's continue on  
10 page 4. I think that's where you are.

11 Where it picks up, it says, "In  
12 past drug epidemics, family members and  
13 community institutions shielded many children  
14 from some of the consequences of parental  
15 substance use."

16 Do you see that?

17 A. Yes, I do.

18 Q. And do you know what the  
19 changes have been since the 1980s and 1990s  
20 that relate to the disintegration or the  
21 weakening of these sorts of community  
22 institutions?

23 A. Well, let me back up just one  
24 minute, if you would. Because related to the

1 date of the methamphetamine in the mid to  
2 late 1990s, recall that we spoke about the  
3 regional partnership grants. Those -- the  
4 first regional partnership grants were made  
5 in 2007. And those grants came out from  
6 Congress specifically targeting  
7 methamphetamine in child welfare.

8 So that's part of my basis for  
9 saying that I don't believe that this date of  
10 the mid to late 1990s is accurate. Either  
11 that or the tardiness of Congress should be  
12 noted.

13 So the mid-2000s is really more  
14 the time period that most people would  
15 attribute to the methamphetamine crisis.

16 So while you're talking about  
17 the time periods, then, for this second  
18 piece, I think we need to set that context.  
19 So maybe you could repeat your question now.

20 Q. (BY MR. ALEXANDER) I can do  
21 that.

22 It says: In past drug  
23 epidemics, which you understand to be  
24 referring to the crack epidemic and the



1       methamphetamine crisis; correct?

2               A.       Yes.

3               Q.       "Family members and community  
4       institutions shielded many children from some  
5       of the consequences of parental substance  
6       use."

7                       Do you see that?

8               A.       Yes.

9               Q.       The question is, do you know  
10      what led to a disintegration or a weakening  
11      of those sorts of community institutions or  
12      the role of families?

13                      MS. FLOWERS: Object to form.

14                      THE WITNESS: Well, what I -- I  
15      believe the ASPE study goes on to  
16      report that social workers are  
17      reporting in the qualitative aspect of  
18      this study, is that there are multiple  
19      generations that are using opioids,  
20      and the kinship placements that were  
21      really being fostered after the  
22      Adoption and Safe Families Act.  
23      You'll recall we talked about the ways  
24      in which that law really tried to

1           divert children from, if you will,  
2           stranger foster care and really trying  
3           to build the kinship network. There  
4           have been several laws that have been  
5           passed and grant programs that have  
6           been passed to build kinship  
7           placements. And that kinship  
8           placements have not been able to be  
9           used in this more modern, if you will,  
10          time period, that they haven't been  
11          available.

12                        So I believe this qualitative  
13          data goes on to speak to some of those  
14          issues.

15                Q.       (BY MR. ALEXANDER) So what  
16          you've answered is about part of it. That's  
17          actually the very next sentence.

18                A.       Mm-hmm.

19                Q.       In talking about  
20          multigenerational drug use and how that  
21          affects kinship placements.

22                        The other part of it, the  
23          community institutions, have you analyzed why  
24          it is that community institutions have

1       weakened compared to the time period of prior  
2       drug crises?

3                       MS. FLOWERS:   Object to the  
4       form.

5                       THE WITNESS:   Have I analyzed  
6       that?   Not specifically.   I'm aware of  
7       that in the context of communities  
8       that have had, if you will, the  
9       phenomenon of the pill mills, and the  
10      loss of jobs from manufacturing, and  
11      the pill mills, and the accidents, and  
12      those kinds of things that have  
13      happened in some communities.   I'm  
14      aware of that.

15              Q.       (BY MR. ALEXANDER)   So the way  
16      that it's set up, if you actually just look  
17      at the page, I'm not trying to hide it from  
18      you, but your report basically includes this  
19      sort of language about multiple generations  
20      and caregivers.   You basically quote or  
21      paraphrase this part.   But you don't talk  
22      about the next part here, which is where it  
23      says, "Community institutions are perceived  
24      as weaker and less able to support children

1       when families cannot. Respondents reported  
2       that families were less likely than in the  
3       past to be engaged with churches or other  
4       social institutions, often hospitals and  
5       schools have closed, diminishing the presence  
6       of institutions that had bound communities  
7       together. The institutions that remained  
8       were more strained in their ability to take  
9       on new roles."

10                       Do you see where I just read  
11       that paragraph?

12               A.       Yes, I do see you read that  
13       paragraph.

14               Q.       And that's referring to the  
15       other part of the sentence we were just  
16       discussing where it talks about community  
17       institutions that had previously shielded  
18       children from some of the consequences of  
19       parental substance use. Do you see that?

20               A.       Yes, I see that.

21               Q.       So why is your -- does your  
22       report not talk at all about this issue of  
23       this change in community institutions,  
24       whether it be churches, hospitals, schools,

1 social institutions, just general community  
2 institutions? Why is that not in your  
3 report?

4 MS. FLOWERS: Object to the  
5 form.

6 THE WITNESS: I don't know.

7 Q. (BY MR. ALEXANDER) Was that in  
8 like presentations you've given but it just  
9 didn't make its way into your report?

10 MS. FLOWERS: Object to the  
11 form.

12 THE WITNESS: I don't know if  
13 it's in presentations I've given.

14 Q. (BY MR. ALEXANDER) Do you know  
15 why it is that community institutions have  
16 weakened in these various ways that the  
17 authors detail in this Radel study that you  
18 cite a bunch?

19 A. I don't know why community  
20 institutions, what directly has led to that  
21 in some of these communities.

22 Q. Did you look at this issue  
23 specifically for Cuyahoga and Summit County  
24 to see the changes in their community

1 institutions compared to prior decades?

2 A. No, I did not.

3 Q. Why don't you go to the right  
4 column of the same page 4. There's a heading  
5 that says: Hospitalization rates varied by  
6 substance but different substances had  
7 similar relationships with foster care entry  
8 rates. Do you see that?

9 A. I do see that.

10 Q. And by substances here, it  
11 means substances of abuse like different  
12 drugs or categories of drugs and alcohol;  
13 right?

14 MS. FLOWERS: Object to form.

15 THE WITNESS: I believe earlier  
16 we found that they had eliminated  
17 alcohol, didn't they?

18 Q. (BY MR. ALEXANDER) Well, we'll  
19 read on and see what they say about that.  
20 But when they say substances, different  
21 substances, at a minimum, they mean different  
22 categories of drugs; right?

23 A. Yes. I believe that's so.

24 Q. So the first sentence says,

1 "Use of any substance can put children at  
2 risk, and statistical analysis found that  
3 hospitalization due to different categories  
4 of substances have comparable relationship  
5 with foster care entry rates."

6 Do you see that?

7 A. Yes.

8 Q. Do you agree with that?

9 A. This is what their study found,  
10 yes.

11 Q. But you agree that use of any  
12 substance can put children at risk?

13 A. Yes, I do agree with that.

14 Q. It says -- I think you quote  
15 this part in your report.

16 "Opioids, stimulants, including  
17 cocaine and methamphetamine, and  
18 hallucinogens had dramatically different  
19 hospitalization rates, with the rate of  
20 opioid-related stays being the largest."

21 Do you see that?

22 A. Yes, I do see that.

23 Q. And it says, "Despite the  
24 differing prevalence across substance types,

1       their relationships with foster care entry  
2       rates were practically identical."

3                       Do you see that?

4               A.       Yes, I do see that.

5               Q.       Do you agree with that as a  
6       read on the data from this study?

7               A.       In this study, yes.

8               Q.       Have you seen contrary data  
9       from other studies?

10              A.       This is the only study that's  
11       looked at this particular -- in this way.

12              Q.       Do you know why this didn't  
13       make its way into your report?

14                      MS. FLOWERS: Object to the  
15       form.

16              Q.       (BY MR. ALEXANDER) That  
17       despite differing prevalence across substance  
18       types, their relationships with foster care  
19       entry rates were practically identical?

20                      MS. FLOWERS: Same objection.

21                      THE WITNESS: I thought it was  
22       more important the part about the more  
23       severe -- it goes on. Actually, I  
24       didn't spend a lot of time on the



1 hospitalization component of it.

2 There's another section that moves  
3 into the relationship with the more  
4 severe foster care entry rates.

5 Q. (BY MR. ALEXANDER) So go to  
6 the top of page 5, please, Dr. Young.

7 The continuing paragraph says:  
8 Alcohol-related hospitalizations, over four  
9 times more prevalent than opioid  
10 hospitalizations, had a slightly stronger  
11 relationship with foster care entry.

12 Do you see that?

13 A. Yes, I do.

14 Q. Apparently they did pay  
15 attention to alcohol-related hospitalizations  
16 and analyzed that in this study; correct?

17 A. Yes.

18 Q. So a ten percent increase in  
19 alcohol-related hospitalizations compared to  
20 the mean predicted a 2.7 percent increase in  
21 foster care entry rates. Do you see that?

22 A. I do.

23 Q. And that is in fact higher?

24 Than with opioid related to hospitalizations;

1 correct?

2 A. I believe that is right. Oh,  
3 the other was not in the graph. Yes.

4 Q. So what about this one? Why  
5 did this discussion about the stronger  
6 relationship between alcohol-related  
7 hospitalizations and foster care entry also  
8 not make its way into your report?

9 A. Because we were asked to look  
10 at opioids.

11 Q. Asked by whom?

12 A. My request by the plaintiffs  
13 was to look at my opinions regarding the  
14 opioid crisis and child welfare, not the  
15 alcohol-related indicators and child welfare.

16 Q. And it's in the same paper, it  
17 wouldn't have been hard for you to mention,  
18 by the way, alcohol is a relevant thing to  
19 consider in all of this; right?

20 MS. FLOWERS: Object to the  
21 form.

22 MR. PENDELL: Object to the  
23 form.

24 MS. FLOWERS: Lack of

1 foundation.

2 THE WITNESS: Is the question  
3 would it have been hard to have  
4 included that? It would not have been  
5 hard to have included that, but it was  
6 not what I was asked to do.

7 Q. (BY MR. ALEXANDER) And you, as  
8 an expert witness, in attempting to present a  
9 fair and accurate portrayal of the issues,  
10 elected not to include any information in  
11 your report about alcohol and its role in  
12 social services needs; correct?

13 MR. PENDELL: Object to the  
14 form.

15 MS. FLOWERS: Object to the  
16 form and lack of foundation.

17 THE WITNESS: That's correct.  
18 I was specifically asked to look at  
19 opioids.

20 Q. (BY MR. ALEXANDER) What about  
21 Cuyahoga and Summit County? Do you know  
22 where they are in terms of alcohol-related  
23 hospitalizations in relation to the national  
24 median?

1           A.       No, I do not know.

2           Q.       Do you know anything about  
3       trends over time with alcoholism, alcohol  
4       abuse or alcohol-related hospitalizations in  
5       those counties?

6                   MR. PENDELL: Objection, form.

7                   THE WITNESS: No, I do not.

8           Q.       (BY MR. ALEXANDER) Let's go to  
9       the next section. This is part of a longer  
10      kind of discussion.

11                   The first paragraph, it says,  
12      "Although substance use is a serious  
13      problem" -- we're on page 5 still.

14                   "In all the sites studied, in  
15      some sites the problem was not primarily an  
16      opioid crisis."

17                   Did I read that right?

18           A.       Mm-hmm.

19           Q.       "The current drug epidemic  
20      involves a range of substances. Drugs other  
21      than opioids, e.g., methamphetamine, are the  
22      primary concern in many places.

23      Polysubstance use -- use of multiple  
24      substances by the same individual -- is a

1 significant issue and the norm in most places  
2 studied. Polysubstance use complicates  
3 treatment and recovery."

4 Do you agree with all of those  
5 statements?

6 MS. FLOWERS: Object to the  
7 form.

8 THE WITNESS: In many places  
9 that is true. It is not my  
10 understanding of necessarily what's  
11 going on in places that have been  
12 heavily hit by opioids.

13 Q. (BY MR. ALEXANDER) So let's  
14 break that down.

15 First of all, this whole  
16 discussion about the current drug epidemic  
17 involves a range of substances. It's --  
18 methamphetamine is a bigger issue than in --  
19 opioids in some places and polysubstance use  
20 is common and complicates treatment and  
21 recovery.

22 None of that made its way into  
23 your report; right?

24 MS. FLOWERS: Object to the

1 form. Lack of foundation.

2 THE WITNESS: That's right,  
3 because I was asked to speak -- asked  
4 to write about opioids.

5 Q. (BY MR. ALEXANDER) But, I  
6 mean, you know about polysubstance use being  
7 a complicating factor. You could have  
8 analyzed that, or discussed that in some form  
9 or fashion in your report; right?

10 MS. FLOWERS: Object to the  
11 form, asked and answered.

12 MR. PENDELL: Object to the  
13 form.

14 THE WITNESS: Yes, I could  
15 have, but I was asked to speak to  
16 opioids and child welfare.

17 Q. (BY MR. ALEXANDER) If we look  
18 at some of your public presentations outside  
19 of litigation, you do talk about  
20 polysubstance use; right?

21 A. I do speak about polysubstance  
22 use, yes.

23 Q. So let me just ask, for  
24 Cuyahoga and Summit County, the role of

1       methamphetamine, have you looked at the data  
2       available on that over time?

3               A.       No, I have not.

4               Q.       So like do you know if there  
5       was a time in the last couple of years when  
6       methamphetamine has far outpaced opioid use  
7       including illicit substances?

8                       MS. FLOWERS:  Objection, lack  
9       of foundation.

10                      THE WITNESS:  I do not know  
11       that.

12               Q.       (BY MR. ALEXANDER)  Do you know  
13       what the more recent data is for these  
14       counties in terms of whether they're  
15       essentially having a methamphetamine problem  
16       now, and not even really a heroin problem  
17       anymore, except that sometimes what is  
18       supposed to be heroin is actually a bunch of  
19       other substances?

20                      MR. PENDELL:  Objection to  
21       form.

22                      THE WITNESS:  I do not know  
23       that.  People I have heard discussing  
24       methamphetamine all over the country.

1                   Q.           (BY MR. ALEXANDER)   Next  
2           section.   Actually, let me make sure we're  
3           clear.   You haven't analyzed the specifics of  
4           what drugs are being used in these counties  
5           in terms of illegal drugs, whether they be  
6           methamphetamine, heroin, fentanyl analogs,  
7           cocaine, or various kind of combinations of  
8           those; correct?

9                               MS. FLOWERS:   Object to the  
10           form.

11                           THE WITNESS:   No, I have not.

12                   Q.           (BY MR. ALEXANDER)   The next  
13           section says, "Parents using substances have  
14           multiple issues."   It continues, "Families  
15           come with a range of interrelated issues and  
16           needs.   The predominant issues include  
17           domestic violence, mental illness and long  
18           histories of traumatic experiences."

19                               You agree with that so far,  
20           don't you?

21                   A.           I do agree with that.

22                   Q.           Not in your report at all, is  
23           it?

24                               MS. FLOWERS:   Object to the



1 form.

2 THE WITNESS: I think that's  
3 well understood and doesn't even need  
4 to be pointed out, because it's well  
5 understood.

6 Q. (BY MR. ALEXANDER) Okay. And  
7 so that's why you didn't include it is  
8 because you assumed the reader would just  
9 know that the main drivers of social services  
10 need are going to be domestic violence,  
11 mental illness, and long histories of  
12 traumatic experiences particularly in certain  
13 communities?

14 A. No, I didn't say the main  
15 drivers. I have -- the agreement that  
16 parents using substances often have  
17 interrelated issues is what I'm agreeing  
18 with.

19 Q. What about the next sentence?  
20 "Addressing substance use alone is unlikely  
21 to be effective in producing the desired  
22 child welfare outcomes."

23 Do you agree with that one?

24 A. Yes, it does take more than

1 just substance abuse treatment to ameliorate  
2 the issues.

3 Q. So even though you didn't  
4 discuss at all in the body of your report the  
5 predominant issues that affect families and  
6 their social services needs, in your  
7 recommendations, you actually did include a  
8 number of recommendations for ways to improve  
9 child welfare outcomes other than just  
10 treating substance use; correct?

11 MS. FLOWERS: Object to the  
12 form of the question.

13 THE WITNESS: Yes, I believe  
14 that's correct.

15 Q. (BY MR. ALEXANDER) If you go  
16 to the last sentence of that paragraph, it  
17 says, "In addition, many community leaders  
18 and service providers view substance use and  
19 the opioid epidemic in particular as being  
20 rooted in diminished economic opportunities,  
21 unresolved emotional pain resulting from  
22 adverse experiences, and pervasive feelings  
23 of hopelessness from which substance use,  
24 parenthesis, at least initially, provides an

1       escape."

2                       Did I read that one right?

3               A.       You did read that one right.

4       And obviously these are things that have been  
5       constants in communities, and what's  
6       different is the introduction of opioids at  
7       higher rates into communities.

8                       These are longstanding issues  
9       in communities.

10              Q.       The statement that substance  
11       use and the opioid epidemic in particular are  
12       rooted in diminished economic opportunities,  
13       unresolved emotional pain resulting from  
14       adverse experiences, and pervasive feelings  
15       of hopelessness from which substance use at  
16       least initially provides an escape, are those  
17       statements with which you agree, Dr. Young?

18                      MS. FLOWERS:  Objection, asked  
19       and answered.

20                      THE WITNESS:  Not in their  
21       entirety, no.

22                      This is saying that many  
23       community leaders view that.  So I  
24       would agree that they're saying

1 community leaders said that. That's  
2 not my view.

3 Q. (BY MR. ALEXANDER) And which  
4 part of this do you think they're wrong  
5 about?

6 A. The initial use of a substance  
7 does, in fact, provide that initial escape,  
8 but -- and many of those conditions in a  
9 person's life gives them that escape. But  
10 when there is a ready supply of a substance,  
11 then that is what leads to that triggering of  
12 the reward pathway, and those ongoing poor  
13 outcomes.

14 Q. Do you know anything about  
15 diminished economic opportunities in Cuyahoga  
16 and Summit County during this general time  
17 period?

18 A. Not directly, no.

19 Q. Not something you've analyzed  
20 for this case; correct?

21 MS. FLOWERS: Objection, asked  
22 and answered.

23 THE WITNESS: That's correct.

24 Q. (BY MR. ALEXANDER) The next

1 section here is Challenges of Treatment. It  
2 gives a number, and then after that is a  
3 section called Child Welfare Response,  
4 Practice and Resource Issues; correct?

5 A. Yes, that's correct.

6 Q. And these actually mimic a  
7 number of your -- or mirror, in broad terms,  
8 a number of your recommendations; correct?

9 MS. FLOWERS: Object to the  
10 form.

11 THE WITNESS: Yes, these are  
12 recommendations that have been  
13 longstanding in the field.

14 Q. (BY MR. ALEXANDER) So on page  
15 seven, the right-hand column, there's one  
16 that says, "Child welfare agencies face  
17 increasing shortages of foster homes?"

18 Do you see that?

19 A. Where --

20 Q. Page 7? Page 7.

21 A. In the middle? Yes.

22 Q. And do you know all of what  
23 drives the increasing shortage of foster  
24 homes in Cuyahoga and Summit County?

1           A.           I believe that -- I'm not sure  
2           which administrator spoke to this, if it was  
3           Julie Barnes or the director in Cuyahoga  
4           County spoke directly about the need to  
5           recruit foster families. But it may have  
6           been both of them, but that the difficulty in  
7           recruiting foster families was mentioned in  
8           both of them.

9                        So, yes, I am familiar with  
10           what that means when foster families are not  
11           available in the child's own community.

12           Q.           Dr. Young, that actually wasn't  
13           my question. I asked, do you know what  
14           drives the increasing shortage of foster  
15           homes in Cuyahoga and Summit County, "yes" or  
16           "no." Do you know?

17                       MS. FLOWERS: Objection, asked  
18           and answered.

19                       THE WITNESS: I would have to  
20           look back at their depositions to give  
21           you those exam -- those specifics. I  
22           don't remember.

23           Q.           (BY MR. ALEXANDER) So for the  
24           three depositions you read, if they give an

1 explanation for what's going on in their  
2 community, you don't have a basis to dispute  
3 it; correct?

4 MS. FLOWERS: Object to the  
5 form.

6 THE WITNESS: That's correct.

7 Q. (BY MR. ALEXANDER) And that's  
8 not just about foster homes, it's really  
9 about anything within their purview; correct?

10 MS. FLOWERS: Same objection.

11 THE WITNESS: The shortage of  
12 foster homes is something that's  
13 raised in many places.

14 Q. (BY MR. ALEXANDER) I'm sorry,  
15 that wasn't my question.

16 For the three depositions you  
17 read of officials within Summit or Cuyahoga  
18 County in children and family services,  
19 Ms. Weiskittel, Ms. Barnes, and Mr. Cabot,  
20 you defer to them on whatever their  
21 observations are about what's going on in  
22 their communities as it relates to their  
23 professional responsibilities; correct?

24 MS. FLOWERS: Object to the

1 form.

2 THE WITNESS: Yes.

3 Q. (BY MR. ALEXANDER) Go to  
4 page eight, please, of Exhibit 4.

5 After some more of this  
6 discussion, there is a section called  
7 Difficulty of Collaboration. And then there  
8 is a Conclusion section.

9 Do you see that?

10 A. Yes, I do.

11 Q. In the first paragraph under  
12 conclusion, the third sentence says: In --  
13 well, I'll start actually with -- I'll read  
14 the whole thing so there's no confusion.

15 "Increased levels of substance  
16 use, including but not limited to opioids,  
17 have devastated many American families and  
18 the child welfare system has felt the  
19 effects."

20 Do you agree with that so far?

21 A. Yes.

22 Q. "Child welfare caseloads  
23 nationally increased by 10% between fiscal  
24 years 2012 and 2016, parenthesis, the most



1 recent years for which data are available.

2 "The situation is not uniform,  
3 however. While many states saw considerable  
4 increases, in some states the number of  
5 children in foster care actually decreased  
6 during this period.

7 "The sites included in this  
8 study were particularly hard hit. 9 of the  
9 25 counties had seen caseload increases of  
10 more than 50 percent between 2012 and 2015."

11 Did I read that right?

12 A. Yes, you did.

13 Q. And so these 9 counties with  
14 greater than 50 percent increase, obviously  
15 those are all outside of Ohio and certainly  
16 not Cuyahoga and Summit County; correct?

17 MS. FLOWERS: Object to the  
18 form.

19 THE WITNESS: If -- yes, if  
20 they're referring back to the places  
21 that they chose to do the qualitative  
22 interviews, yes.

23 Q. (BY MR. ALEXANDER) Did you  
24 agree with the first statement, that

1       increased levels of substance use, including  
2       but not limited to opioids, have devastated  
3       many American families and the child welfare  
4       system has felt the effects?

5               A.       Yes.

6               Q.       And in none of your testimony  
7       in this case do you intend to offer an  
8       opinion with some sort of differentiation or  
9       breakdown between the effects of substance  
10      use that involves opioids versus substance  
11      use that does not involve opioids?

12                      MS. FLOWERS: Object to the  
13      form, and lack of foundation.

14                      THE WITNESS: No, I do not.

15               Q.       (BY MR. ALEXANDER) The  
16      statement in the middle, "The situation is  
17      not uniform. While many states saw  
18      considerable increases, in some states the  
19      number of children in foster care actually  
20      decreased during this period."

21                      You think that's accurate data;  
22      correct?

23                      MS. FLOWERS: Object to the  
24      form.

1 THE WITNESS: Yes, I believe it  
2 is.

3 Q. (BY MR. ALEXANDER) Given your  
4 general discussion about what's been going on  
5 nationally, do you have an explanation for  
6 why it is that there are some states that had  
7 a decrease in the number of children in  
8 foster care during this time period when  
9 there was, nationally, an increase in opioid  
10 prescriptions according to your testimony and  
11 understanding?

12 A. I believe you've misstated my  
13 report and my testimony about nationally the  
14 increase of opioids.

15 Q. Let me ask it this way: Do you  
16 have an explanation for why there would be  
17 some states where during this same time  
18 period the number of cases in foster care  
19 continue to go down as they had been for the  
20 prior ten-plus years nationally?

21 A. There are some discussions  
22 about some of the states that made those  
23 policy changes and practice changes that we  
24 spoke about earlier. That they were -- that

1       they didn't put those practice changes in  
2       place until later. There are also some  
3       states that had some specific policy changes  
4       particularly related to adolescents and  
5       moving kids out of group homes. So more  
6       recently another law change has happened that  
7       sort of mimics those changes in moving kids  
8       out of residential placements. So there are  
9       some states that had already moved into some  
10      of that practice. So there's some variation  
11      by states that had already either lagged in  
12      some of those policy changes or had moved  
13      forward with some of those changes for  
14      adolescents in group homes --

15               Q.       Dr. Young --

16               A.       -- so it varies from state to  
17      state.

18               Q.       I'm sorry, I thought you were  
19      done.

20                       Dr. Young, have you analyzed  
21      what it is about anything relating to drug  
22      usage or distribution patterns in the states  
23      that continue to have a decrease in foster  
24      care numbers that might explain that?

1 MS. FLOWERS: Object to the  
2 form. Asked and answered.

3 THE WITNESS: I have begun to  
4 look at some of that and some of the  
5 states that have high numbers of  
6 babies going into out-of-home care,  
7 but I'm not ready to make any  
8 statements related to that.

9 Q. (BY MR. ALEXANDER) You're not  
10 going to rely on pending analyses that you're  
11 trying to publish or present in connection  
12 with anything you're doing in this case?

13 A. No, I'm not.

14 (Whereupon, Deposition Exhibit  
15 Young-5 was marked for  
16 identification.)

17 Q. (BY MR. ALEXANDER) Handing you  
18 what I've marked as Deposition Exhibit 5.

19 There's a copy for counsel.

20 This is identified as being a  
21 docket from Children and Family Futures,  
22 which is your written testimony before the  
23 United States Senate Committee on Finance,  
24 examining the opioid epidemic challenges and

1 opportunities, and it gives a date of  
2 February 23rd, 2016, at a Senate office  
3 building in DC; right?

4 A. Yes, that's correct.

5 Q. And that's actually when you  
6 showed up and you gave oral testimony that  
7 was kind of an abbreviated version of this;  
8 correct?

9 A. Yes, that's correct.

10 Q. And we have the much larger  
11 testimony from that day. You were one of  
12 many speakers including, I think  
13 Senator Hatch probably spoke first, and then  
14 you maybe were second or third up. Does that  
15 sound about right?

16 A. Yes, that's right.

17 Q. Okay. But this document is  
18 something, Exhibit 5, that was prepared by  
19 you and your staff to be accurate and  
20 essentially be sworn testimony; correct?

21 A. Yes, that's right.

22 Q. I mean, I'm not trying to make  
23 you into a lawyer here or anything, but you  
24 understand you're like submitting this to a

1       governmental entity essentially under oath  
2       and you need to make sure it's accurate;  
3       right?

4               A.       Yes.

5               Q.       I mean, as a former government  
6       contractor, you're familiar with those sorts  
7       of requirements; correct?

8               A.       Yes, I am.

9               Q.       And I won't belabor this, but  
10      let's go through this quickly.

11                      The first page with testimony  
12      on it is actually labeled as page 3. Do you  
13      see that?

14              A.       Yes.

15              Q.       It starts where it says,  
16      Chairman Hatch, and then kind of an  
17      introduction that you would give when you  
18      spoke orally. Do you see that?

19              A.       Yes.

20              Q.       And then there are three  
21      numbered summaries that you would like to  
22      emphasize. The first two are almost verbatim  
23      to what you've included in your expert  
24      report; correct?

1           A.       To be honest, I hadn't noticed  
2       that.

3                   MS. FLOWERS: Objection.

4           Q.       (BY MR. ALEXANDER) Well, they  
5       are. I mean, number one in Exhibit 5 is, "In  
6       the past three decades, our country has  
7       experienced at least three major shifts in  
8       the substances -- in substance of abuse that  
9       have had dramatic effects on children and  
10      families; however, the increase of opioid  
11      misuse has been described by long-time child  
12      welfare professionals as having the worst  
13      effects on child welfare systems they have  
14      seen?"

15                   That's number one in Exhibit 5.

16                   And number one as a summary of  
17      opinions on page 3 of your expert report  
18      says, "In the past four decades, our country  
19      has experienced at least three major shifts,"  
20      and then it continues.

21                   Do you see that?

22           A.       Yes.

23           Q.       Okay. And number two in the  
24      Senate testimony says, "The current



1 environment has at least two major  
2 differences from prior experiences. First,  
3 that young people are dying at astonishing  
4 rates and many states report that infants are  
5 coming into protective custody at alarming  
6 rates."

7 And number two from your  
8 summary from page 4 of your expert report  
9 says, "The current environment exhibits at  
10 least two major differences from our prior  
11 experiences: First, young people are dying  
12 at astonishing rates, and second, most states  
13 have infants being placed into protective  
14 custody at increasingly high rates."

15 So there's an increasingly high  
16 rates in one versus alarming rates in the  
17 other. Do you see that?

18 A. Yes, I do.

19 Q. Okay. So obviously you agree  
20 with these two statements from your senate?

21 A. I agree with myself.

22 Q. And number three from the  
23 Senate testimony, Exhibit 5: Federal  
24 investments over the past decade's testing

1 strategies to improve outcomes for families  
2 in child welfare affected by substance use  
3 disorders have generated a knowledge base  
4 that allows us to clearly state that we can  
5 no longer say we don't know what to do.

6 Do you see that?

7 A. Yes, I do.

8 MS. FLOWERS: Object to form.

9 Q. (BY MR. ALEXANDER) And that is  
10 not included in your expert report; correct?

11 MS. FLOWERS: Objection to  
12 form. It misstates what's in her  
13 report and her testimony.

14 Q. (BY MR. ALEXANDER) I didn't  
15 get your answer, Doctor.

16 A. Oh, I'm sorry. I didn't know  
17 there was a question.

18 Q. That statement, No. 3, is not  
19 included anywhere in your expert report;  
20 correct?

21 MS. FLOWERS: Misstates the  
22 report and the witness's testimony.  
23 Objection.

24 THE WITNESS: I would have to

1 look again.

2 Q. (BY MR. ALEXANDER) Why don't  
3 we go to page 4 of Exhibit 5. And there's a  
4 discussion of some of the data from the  
5 Compton study, SAMHSA, other -- and others  
6 about information relating to drugs of abuse  
7 and patterns of abuse. Do you see that?

8 A. Yes, I do.

9 Q. And is there any of this that  
10 you think is incorrect? That needs to be  
11 changed?

12 MS. FLOWERS: Object to the  
13 form.

14 Q. (BY MR. ALEXANDER) Let me ask  
15 it differently. Is there any of this  
16 information on page 4 of Exhibit 5 that you,  
17 Dr. Young, do not stand by today?

18 MS. FLOWERS: Same objection.

19 THE WITNESS: Well, as I stated  
20 earlier, there's always new data that  
21 comes out. And since I haven't looked  
22 at this for three years, I probably  
23 want to reread that before I would say  
24 that there isn't anything that may

1           have changed in the research  
2           literature or that there's new data  
3           that I would want to change any of  
4           these.

5           Q.       (BY MR. ALEXANDER) Are there  
6           any characterizations of the actual studies  
7           or sources that you cite, Compton or  
8           otherwise, that you think is incorrect here?

9           A.       As I said, there's new data  
10          always coming out, so I would want to make  
11          sure and check that before I would agree and  
12          say that there aren't new data to include or  
13          to correct.

14          Q.       Why don't you go to the  
15          carryover paragraph at the bottom of page 4  
16          to the top of page 5. And this is now  
17          talking about neonatal abstinence syndrome;  
18          correct?

19          A.       Yes.

20          Q.       And we had some general  
21          questioning about that before. Do you  
22          remember that?

23          A.       Yes.

24          Q.       It says, if you follow it, the

1 first full sentence on page 5: But there were  
2 data suggesting that experiencing NAS was  
3 related to mothers who also smoked during  
4 pregnancy, and it cites a Jonas study  
5 published in 2015.

6 Do you see that?

7 A. Yes.

8 Q. And I don't think there's any  
9 mention of anything about smoking during  
10 pregnancy or issues of smoking in connection  
11 with anything in your expert report. Is that  
12 something you think is relevant to consider?

13 A. In this context, I'm not, in my  
14 report, talking about the clinical treatment  
15 of NAS. This particular section of this  
16 testimony report was talking about prevalence  
17 of how often it occurs. And I believe  
18 there's another expert in this case that's  
19 talking about prevalence of NAS, and that  
20 would be appropriate there.

21 This Jonas study is from the  
22 mothers study, and I believe that probably is  
23 covered in that other expert report.

24 Q. Which you haven't seen?

1           A.       No, I don't believe I've seen  
2       that.

3           Q.       But you -- are you talking  
4       about Dr. Wexelblatt here or somebody else?

5           A.       I don't remember if -- I don't  
6       recall if there's another -- I don't know if  
7       there's another expert on NAS.

8           Q.       So you're just assuming there  
9       is another expert who would address these  
10      particular studies even though you haven't  
11      seen the report and don't know the name?

12                   MS. FLOWERS: Object to the  
13      form.

14                   THE WITNESS: I -- yes, I -- I  
15      would assume there's somebody talking  
16      about the prevalence of NAS.

17           Q.       (BY MR. ALEXANDER) So the next  
18      paragraph on page 5 of Exhibit 5, it says  
19      Dr. Steven Patrick and colleagues,  
20      parenthesis, 2016. You've mentioned  
21      Dr. Patrick from Vanderbilt; correct?

22           A.       That's correct.

23           Q.       And he's somebody you think is  
24      kind of a leader in this area nationally;

1 correct?

2 A. That's correct.

3 Q. So Dr. Patrick and his  
4 colleagues have analyzed Medicaid claims data  
5 to monitor the trend of infants who are  
6 diagnosed with neonatal abstinence syndrome.

7 So just so we're clear,  
8 Medicaid data? Do you know what sort of  
9 patients would be involved in Medicaid data?  
10 Or be receiving Medicaid?

11 A. Well, actually, Medicaid  
12 pays -- varies from state to state, but  
13 Medicaid pays for over half of the births in  
14 the country, and I believe it's more than  
15 half the births in Ohio.

16 So a lot of births are covered  
17 by Medicaid.

18 Q. So --

19 A. So it's not just low-income  
20 women that are covered by Medicaid.

21 Q. Do you know that Medicaid  
22 covering a birth is one of the strongest  
23 indicators of the risk of NAS?

24 A. Yes, and I also know that if

1       you're on Medicaid, you were -- I don't  
2       remember the number. I don't know, eight or  
3       nine, ten times more likely to have been  
4       prescribed an opioid.

5               Q.       And yet when we talked about  
6       your analysis in the last paper, you made no  
7       attempt to account for poverty or any  
8       socioeconomic factors in any of your  
9       analysis; correct?

10               MS. FLOWERS: Objection to  
11       form. Misstates the testimony.

12               THE WITNESS: Well, you're  
13       mixing up a few different things in  
14       that.

15               So this is specific -- first of  
16       all, these data from Dr. Patrick are a  
17       bit out of date. I believe there have  
18       been studies since then.

19               But this is various different  
20       questions than what I was asked to  
21       cover in my report. So asking me  
22       about these seems outside of the scope  
23       of what I was asked to do.

24               Q.       Do you intend to talk about any



1 factors that drive the incidence or are risk  
2 factors for NAS babies being born in Cuyahoga  
3 or Summit County?

4 A. No. I intend to talk about  
5 what I was asked to report on in my report.

6 Q. Okay. So what it says here, if  
7 you look at the chart, is that there's  
8 variation across regions in the rates of NAS;  
9 correct?

10 A. Yes.

11 Q. And Ohio is in the lower end of  
12 those ranges?

13 MS. FLOWERS: Object to the  
14 form, lack of foundation.

15 Q. (BY MR. ALEXANDER) According  
16 to the data from Dr. Patrick published in  
17 2015; correct?

18 A. Let me restate what I just  
19 agreed to.

20 Your statement was varying  
21 rates of NAS. These are varying rates of  
22 diagnosed NAS in Medicaid claims data. That  
23 is very different than prevalence rates of  
24 NAS. The data source makes a difference on

1 rates of NAS. So you can't use this as rates  
2 of NAS. You can use this as a rate of  
3 diagnosed and recorded in Medicaid claims  
4 data NAS.

5 Q. So in Ohio, about 86 to 87% of  
6 NAS cases are in Medicaid recipients, whereas  
7 about 45 to 46% of births in Ohio are covered  
8 by Medicaid.

9 Does that sound about right to  
10 you?

11 MS. FLOWERS: Object to the  
12 form. Foundation. Lack of  
13 foundation.

14 THE WITNESS: I'm sorry, it's  
15 late and I wasn't even able to track  
16 what percentages you were throwing at  
17 me.

18 Q. (BY MR. ALEXANDER) So do you  
19 understand that in Ohio, the vast majority of  
20 NAS births are among -- or within the group  
21 of mothers who are on Medicaid as opposed to  
22 private insurance or self-pay?

23 A. I understand the data source  
24 makes a very big difference in that

1       availability of data, and who you're looking  
2       at and the availability of what you can find.

3                       I also understand that women on  
4       Medicaid were much more likely to be  
5       prescribed an opioid than other women. But I  
6       also understand that low-income women are not  
7       necessarily more likely to become dependent  
8       on a substance than any other woman.

9               Q.       Okay. So the information here  
10       presented the chart and the description of  
11       the results from Dr. Patrick's study on  
12       page 5 of Exhibit 5. You think that's  
13       accurately described; correct?

14              A.       At that time, with the data  
15       that were available to him, which are dated  
16       at this point, yes.

17              Q.       And you thought you knew enough  
18       about what literature was out there at this  
19       time that you gave this sworn written  
20       testimony to the Senate in February of 2016;  
21       correct?

22                      MS. FLOWERS: Object to the  
23       form.

24                      THE WITNESS: Yes.

1                   Q.           (BY MR. ALEXANDER)   The next  
2       paragraph says, "While there is not a clear  
3       relationship of rates of NAS and the dramatic  
4       increase of infants being placed in  
5       protective custody, the trend of younger  
6       children in care and particularly the number  
7       of infants is alarming."

8                               Do you see that?

9                   A.           Yes, I do.

10                  Q.           Okay. And do you agree there  
11       isn't a clear relationship of the rates of  
12       NAS and the rates of children being placed  
13       in -- or infants being placed in protective  
14       custody?

15                  A.           Could you restate that?

16                  Q.           Do you agree that there is not  
17       a clear relationship of rates of NAS and the  
18       increase of infants being placed in  
19       protective custody?

20                  A.           It's -- again, you're looking  
21       at old data, and asking me to comment on  
22       relatively old data that have been updated  
23       since then.

24                               So in -- at this point, you

1 have old data that is difficult to make that  
2 relationship. So at this point you can't get  
3 the clear relationship between Medicaid  
4 claims data with a diagnosis, and the same  
5 places in the country in which infants were  
6 going into out-of-home care.

7 Q. So no data is cited here. It  
8 just has the statement. So I'm asking you,  
9 currently, in May of 2019, as you sit here  
10 under oath, do you agree that there is still  
11 not a clear relationship of the rates of NAS  
12 and the increase of infants being placed into  
13 protective custody?

14 MS. FLOWERS: Objection, you  
15 don't need to remind the witness that  
16 she's under oath, and she's asked and  
17 answered it.

18 THE WITNESS: I don't know  
19 that.

20 MR. ALEXANDER: If you go to --

21 THE WITNESS: Excuse me. How  
22 long have we been going after that  
23 last break?  
24

1 THE VIDEOGRAPHER: 54 minutes.

2 THE WITNESS: So it's probably  
3 about time for a break.

4 MR. ALEXANDER: Would you like  
5 a break?

6 THE WITNESS: Yes, I would.

7 MR. ALEXANDER: That's fine.

8  
9 THE VIDEOGRAPHER: We are  
10 going off the record. The time is  
11 5:39 p.m.

12 (Recess taken, 5:40 p.m. to  
13 5:48 p.m.)

14  
15 THE VIDEOGRAPHER: We are now  
16 going back on the record and the time  
17 is 5:49 p.m.

18 Q. (BY MR. ALEXANDER) Dr. Young,  
19 we're still with Exhibit 5. Do you have  
20 page 6 in front of you?

21 A. Yes, I do.

22 Q. And this graphic on the page is  
23 also included in your report, is it not?

24 A. With updated data, yes.

1           Q.       And after discussion of that  
2       data, the last paragraph on this page starts  
3       off with "Unfortunately, I cannot report  
4       reliable data that would indicate to what  
5       extent parental opioid or other substance use  
6       disorders are associated with the number of  
7       children in out-of-home care."

8                   Did I read that right?

9           A.       Yes, you did.

10          Q.       Is that still the case?

11          A.       Yes. There are a variety of  
12       reasons why opioids and other substances are  
13       undercounted in the AFCARS data system.

14                   I outlined some of those in my  
15       report, and there are various reasons why  
16       parents are not either able to give the  
17       answers about their substance use in the way  
18       that they are asked, and there are various  
19       reasons for that. Stigma. Depends on who's  
20       asking the question. We know when it's not  
21       the person who has care and control of their  
22       child, when they are asking the questions  
23       about their substance use, it's more likely  
24       to be a valid response.

1                   And then of course there's the  
2           three important groups of parents who are not  
3           available to give answers to those questions.  
4           So there are serious undercounts of substance  
5           use among parents in the AFCARS data.

6                   The three important populations  
7           that are not available for those data and why  
8           you find consistently that they're  
9           undercounted are parents who are  
10          incarcerated, parents who, out of grief and  
11          loss, leave their children at the hospital,  
12          and of course the parents who have overdosed  
13          and died.

14                   MR. ALEXANDER: Move to strike  
15           everything after "yes" as  
16           non-responsive.

17                   MS. FLOWERS: Objection, it was  
18           responsive.

19                   Q.       (BY MR. ALEXANDER) Go to  
20           page eight, please, Dr. Young. There's a  
21           state-by-state breakdown of parental alcohol  
22           or drug use as a reason for child removal in  
23           2013. Do you see that?

24                   A.       Yes. This is just the



1 information that I was giving you about why  
2 these are undercounts and why there is such  
3 variation from state to state.

4 Q. Okay. So in 2013, at least,  
5 AFCARS had data that talked about parental  
6 alcohol use as a reason for child removal;  
7 correct?

8 A. It is -- yes. It's not exactly  
9 a reason for child removal. It's a factor  
10 that's associated with the case.

11 As I said earlier, the reasons  
12 for child removal are the various categories  
13 of abuse, various categories of neglect.  
14 These are sometimes referred to as reasons,  
15 but they're actually factors that are  
16 associated with the case.

17 So a parent's alcohol or drug  
18 use could be the factor that leads to the  
19 neglect, or leads --

20 And most substance use is  
21 associated with neglect. Very rarely you'll  
22 find that box checked, and it's some form of  
23 physical abuse. But that does -- obviously  
24 does happen.

1 MR. ALEXANDER: Move to strike  
2 everything after "yes" as  
3 non-responsive.

4 MS. FLOWERS: Again, it is  
5 responsive; you just don't like the  
6 answer. Objection.

7 Q. (BY MR. ALEXANDER) With your  
8 caveat about differences in how data is  
9 gathered in different places, according to  
10 this chart Ohio is kind of middle of the  
11 pack; right? About average nationally?

12 A. Well --

13 MS. FLOWERS: Objection,  
14 foundation.

15 THE WITNESS: -- I believe the  
16 average in 2013 was probably somewhere  
17 around 33, something like that,  
18 percent. It's now about 37%.

19 Q. (BY MR. ALEXANDER) So Ohio is  
20 about 25% here, so below average?

21 A. Yes, they were.

22 Q. And we've seen other kind of  
23 state-by-state breakdowns in some of the data  
24 and the cites that you have that -- for

1       statewide, for a lot of these metrics, Ohio  
2       is average or below average in terms of  
3       metrics of drug abuse and alcohol abuse;  
4       correct?

5                       MS. FLOWERS:  Objection,  
6       compound.

7                       THE WITNESS:  Yes.  And I  
8       believe you're aware that they have  
9       made recent changes to try and improve  
10      their data collection.

11              Q.       (BY MR. ALEXANDER)  Why don't  
12      you go to page 13, please.  There is the  
13      section where you talk about children  
14      affected by methamphetamine grants.  Do you  
15      see that?

16              A.       Yes, I do.

17              Q.       And you've talked about these  
18      methamphetamine grants which are the same --  
19      are those the same thing as the RPG?

20              A.       No, they're not.

21              Q.       Okay.  So -- like the box above  
22      it is in -- shaded in.  It says the RPG in  
23      the state of Kansas.  That was right above  
24      the methamphetamine grants.  You're talking

1 about a separate set of grants; correct?

2 A. That's correct.

3 Q. So on page 13, the last full  
4 paragraph says, "The other good news about  
5 these projects is that they saved money. Not  
6 only in reducing -- in reduced foster care  
7 costs but in keeping parents in treatment  
8 long enough for treatment to have a lasting  
9 effect. And in the long term, these programs  
10 are keeping children out of higher-end,  
11 higher-cost mental health, special education,  
12 and juvenile justice programs when they get  
13 older. These programs proved that they could  
14 save millions of dollars, justifying the  
15 increase in enhanced services for children  
16 and their parents."

17 Did I read that right?

18 A. You did read that right.

19 Q. Is the gist of this that some  
20 of the things that you think are best  
21 practices involving treating substance abuse  
22 and having early interventions have long-term  
23 cost savings in terms of social services and  
24 governmental services?

1 A. Yes, that's correct.

2 Q. And is that your hope for the  
3 various recommendations you have in your  
4 expert report?

5 A. Yes. Those have been shown in  
6 various -- the two grant programs that I'm  
7 mentioning, yes.

8 Q. And that would go with what we  
9 talked about earlier, that if Cuyahoga and  
10 Summit County had instituted reasonable  
11 practices in the past, that the total amount  
12 that would need to be spent in the future in  
13 terms of governmental and social services to  
14 address any of these issues hopefully would  
15 be less?

16 MS. FLOWERS: Object to the  
17 form.

18 THE WITNESS: I believe that is  
19 the hope, that they would be able to  
20 have less investments in the future,  
21 yes.

22 Q. (BY MR. ALEXANDER) Why don't  
23 you go to paragraph 15 of your expert report,  
24 please.

1                   Again, you can look at your  
2                   copy, or Exhibit 2, or 3.

3                   I'm sorry, 1 or 2, whichever  
4                   you're more comfortable with.

5                   In the middle of the page, at  
6                   least the copy I have, it talks about  
7                   analysis done on the RPG data.

8                   Do you see that?

9                   MS. FLOWERS: Which page are  
10                  you on?

11                  MR. ALEXANDER: 15.

12                  THE WITNESS: Yes, I do.

13                  Q.        (BY MR. ALEXANDER) And there's  
14                  a statement here, it says, "The following  
15                  table shows the parents' demographic data on  
16                  opioid use for adults in the data sets from  
17                  grantees located in Ohio, Kentucky, and  
18                  Tennessee."

19                  Do you see that?

20                  A.        Yes, I do.

21                  Q.        And then those states are  
22                  listed a couple of times thereafter.

23                  This is not statewide data from  
24                  Ohio, is it?

1 A. No, it is not.

2 Q. It's not county-specific data  
3 that includes Cuyahoga or Summit County, is  
4 it?

5 A. No. As it says on the page,  
6 it's the County of Lucas and it's Butler  
7 County in Ohio.

8 Q. Do you know where those  
9 counties are in relation to Cuyahoga and  
10 Summit County?

11 A. Yes, I do.

12 Q. Are they adjoining counties?  
13 Different part of the state?

14 A. They're not adjoining counties.

15 Q. Okay. So the RPG dataset is  
16 dataset 191. Do you know that?

17 A. Dataset 191 from the archive?

18 Q. In terms of what was produced,  
19 the data that your colleague Dr. Yan  
20 analyzed, we got dataset 191 as the RPG  
21 dataset that was supposed to represent this  
22 analysis.

23 A. That's correct.

24 Q. And of the datasets that you

1       have that are set forth in this report, this  
2       is the only dataset that has drug level data,  
3       where you actually could say what the  
4       specific drugs at issue are as opposed to a  
5       general category, I think you call it  
6       collapsed, of all drug use or drugs of abuse;  
7       correct?

8               A.       That's correct.

9                       MS. FLOWERS: Object to the  
10               form. Misstates the testimony.

11               Q.       (BY MR. ALEXANDER) So of your  
12       three datasets, the only one that has drug  
13       level data has no data on Cuyahoga or Summit  
14       County at all; correct?

15                      MS. FLOWERS: Objection, form.  
16       Lack of foundation.

17                      THE WITNESS: Let me back up  
18       just a second, because the other  
19       datasets have substance use data in  
20       them. The AFCARS dataset has the data  
21       that we just looked at by state of the  
22       parent substance use indicator. Those  
23       are in the AFCARS dataset, and we  
24       looked at those already. So there is



1 substance use data from Cuyahoga and  
2 from Summit in my report.

3 Q. (BY MR. ALEXANDER) The  
4 question was drug level data. Where you said  
5 it was collapsed from dataset 225 and dataset  
6 220 that you produced coming out of AFCARS  
7 and NDACAN, it was all collapsed. You didn't  
8 include in those data analyses any drug level  
9 data; correct?

10 MS. FLOWERS: Objection to the  
11 form. I don't think "collapsed" was  
12 her Word.

13 THE WITNESS: Yeah. Those data  
14 are not collected in that way. Drug  
15 level is what is not -- it's not the  
16 way I would term those data.

17 So the variable is actually  
18 parents' substance use. Or parents'  
19 drug use, rather, or parents' alcohol  
20 use.

21 MR. ALEXANDER: I want to make  
22 sure we're talking about the same  
23 thing.

24 THE WITNESS: Yes.

1 Q. (BY MR. ALEXANDER) Of your  
2 three datasets, the only one where you can  
3 say the drug that was supposed to be being  
4 used by the parent was a particular drug,  
5 whether it was heroin, or a branded  
6 prescription opioid, or some other specific  
7 drug, is this RPG dataset 191; correct?

8 A. Yes, that's correct.

9 Q. And that doesn't have any data  
10 that comes from Cuyahoga or Summit County at  
11 all; correct?

12 A. Yes, that's correct.

13 Q. And even when you had  
14 information in this dataset that talks about  
15 which particular drug somebody was indicating  
16 that they were using or abusing, there's no  
17 information in this dataset or in the way  
18 that you and your colleagues have analyzed it  
19 that would cross-reference to see if that  
20 individual actually had a prescription for  
21 the drug that was being used; correct?

22 MS. FLOWERS: Object to the  
23 form. Lack of foundation.

24 THE WITNESS: These data come

1           from the treatment admission data.  
2           They're not referenced to  
3           prescriptions. They are from the  
4           treatment episode dataset that are  
5           collected by providers at the provider  
6           level when they come into treatment.

7           Q.       (BY MR. ALEXANDER) I'm not  
8           sure you heard my question.

9                   Do you know if there are  
10          databases available in Ohio and produced in  
11          the litigation that would indicate like who  
12          got a prescription for an opioid in Ohio?

13          A.       I do not know that.

14          Q.       So there's no analysis where  
15          there was an attempt to cross-reference or  
16          figure out if anybody who was taking a  
17          prescription opioid actually had a  
18          prescription for the opioid they were taking;  
19          correct?

20                   MS. FLOWERS: Object to the  
21          form. Lack of foundation. Misstates  
22          testimony.

23                   THE WITNESS: I'm sorry, I  
24          think I misspoke when I said that I

1           don't know that there are databases of  
2           prescriptions. I believe there are  
3           databases of prescriptions. I don't  
4           have any idea to what extent they have  
5           identifying information. The data  
6           that we're talking about in the  
7           treatment episode dataset do not have  
8           identifying information. So there  
9           would not be a way to connect any kind  
10          of identifying information from the  
11          treatment data to prescriptions. The  
12          treatment episode dataset does not  
13          have identifiers.

14           Q.       (BY MR. ALEXANDER) So in your  
15          report where you present any analyses from  
16          this RPG dataset, there is no information  
17          that allows anybody to see if any of these  
18          individuals who were purporting that they  
19          were taking a prescription opioid actually  
20          had a prescription for the opioid they were  
21          taking; correct?

22                   MS. FLOWERS: Objection, lack  
23          of foundation and form.

24                   THE WITNESS: There isn't a way

1           and I don't see that that's the point.  
2           The point is these were parents in the  
3           child welfare system who were referred  
4           to specialized programs because their  
5           children were placed in protective  
6           custody. And being placed in  
7           protective custody, the parents needed  
8           treatment, and half of them were using  
9           opioids.

10           Q.       (BY MR. ALEXANDER) And you  
11           don't know how many of the ones using opioids  
12           actually had a prescription for the  
13           prescription opioids they were using?

14                    The portion of them that were  
15           using prescription opioids?

16           A.       No, I do not.

17           Q.       And you didn't include any data  
18           or analysis on the alcohol use in this group;  
19           correct?

20                    MS. FLOWERS: Asked and  
21           answered.

22                    THE WITNESS: No. That was not  
23           what I was asked to do.

24           Q.       (BY MR. ALEXANDER) I mean,

1       it's in the RPG data. Alcohol abuse is noted  
2       in this data and could have been pulled out  
3       and cross-referenced or analyzed; correct?

4               A.       Alcohol use is in the RPG data,  
5       yes.

6               Q.       Why don't we go to the second  
7       dataset that was looked at in your -- at  
8       least in the terms of the way it's presented  
9       in the report. On page 17, very bottom at  
10      least for mine, page 16 carries over to the  
11      top of page 17, it talks about the NCANDS  
12      data analysis submitted from the -- to the  
13      state of -- by the state of Ohio, 2004 to  
14      2016. And specific graphics are included  
15      here.

16                      Do you see that?

17               A.       Yes.

18               Q.       And so this is dataset 220;  
19       correct?

20               A.       Yes. I believe that's correct.

21               Q.       And do you know why the numbers  
22       for the individual cases in this dataset  
23       don't match what's actually in SACWIS?

24                      MS. FLOWERS: Object to the

1 form, lack of foundation.

2 THE WITNESS: I don't know what  
3 you're talking about.

4 Q. (BY MR. ALEXANDER) So in the  
5 actual SACWIS database, they have a certain  
6 number in the system where cases are assigned  
7 a number. And it doesn't relate at all to  
8 what was produced from your dataset. Do you  
9 know why that would be?

10 MS. FLOWERS: Object to the  
11 form, lack of foundation.

12 THE WITNESS: I assume,  
13 although I do not know for sure, that  
14 all of those data get a different  
15 number assigned when they go into the  
16 archives so that they are made --  
17 protected.

18 Q. (BY MR. ALEXANDER) And do you  
19 have the key to that to do cross-referencing?

20 A. No, I do not.

21 Q. Do you know who does?

22 A. No, I do not.

23 Q. Do you know in your dataset  
24 that was produced from 220 why caretaker

1 alcohol abuse is missing?

2 A. Because I was asked to look at  
3 opioids.

4 Q. So did you ask Dr. Yan to omit  
5 that from the data?

6 A. Yes, I did.

7 Q. But that was actually in the  
8 data that was available to you; right?

9 MS. FLOWERS: Objection, asked  
10 and answered.

11 THE WITNESS: In which data are  
12 you talking about? In the NCANDS  
13 data.

14 Q. (BY MR. ALEXANDER) Dataset 220  
15 that's discussed on page 17?

16 A. I need to go back and look at  
17 dataset 220.

18 Q. You said that you asked Mr. Yan  
19 to omit the alcohol -- caretaker alcohol  
20 abuse data.

21 Is that true or not true?

22 MS. FLOWERS: Objection.

23 THE WITNESS: NCANDS does not  
24 have substance use in the NCANDS



1 dataset.

2 I think it's late in the day,  
3 and I'm sorry, but I think I've gotten  
4 a bit tripped up between the datasets.  
5 So I normally wouldn't refer to a  
6 dataset by a number.

7 So NCANDS. NCANDS is about the  
8 front end of the system. Reports and  
9 investigations. It's a separate  
10 dataset. In some states it's in one  
11 data system.

12 It's interesting that in Ohio  
13 they call their dataset SACWIS. That  
14 is the requirement in the -- at the  
15 federal government. Most other states  
16 have a different name for it.

17 Q. (BY MR. ALEXANDER) So SACWIS  
18 covers both maltreatment investigations and  
19 removals; correct?

20 MS. FLOWERS: Objection to the  
21 form, lack of foundation.

22 THE WITNESS: No.

23 Q. (BY MR. ALEXANDER) In Ohio,  
24 where Cuyahoga and Summit County are, the

1 SACWIS database has information in it on both  
2 removals and maltreatment investigations;  
3 correct?

4 A. Yes, I believe that's correct.

5 Q. Okay.

6 A. But AFCARS are the items that  
7 go to the federal government related to the  
8 parents' substance use.

9 So at the federal level, report  
10 220, the dataset 220, which is NCANDS, would  
11 not have the substance use variables in  
12 NCANDS at -- in the archive. AFCARS has the  
13 parents' substance use at the federal level.  
14 Not NCANDS.

15 Q. (BY MR. ALEXANDER) Do you know  
16 if you could have gone back to SACWIS to pull  
17 out caretaker alcohol abuse or other  
18 variables that weren't included?

19 A. I would not be given  
20 permission, nor would I ask a state for  
21 Access to SACWIS. The way that researchers  
22 get Access to data is through the data  
23 archive. It's never -- I wouldn't even ask  
24 to get somebody's -- a SACWIS system. It's

1 not permissible.

2 It's the reason why the federal  
3 government set up the data archive for  
4 researchers to have Access to child welfare  
5 data. You do it through the archive.

6 Q. So you didn't ask for that;  
7 correct?

8 MS. FLOWERS: Objection to the  
9 form.

10 THE WITNESS: No.

11 Q. (BY MR. ALEXANDER) Graphic 12  
12 is number of substantiated maltreatment  
13 reports and child victims in Cuyahoga County  
14 2004 to 2016. Do you see that?

15 A. Yes, I do.

16 Q. Blue is child victims and green  
17 is maltreatment reports.

18 A. That's correct.

19 Q. And a single report can have  
20 more than one child; correct?

21 A child can be the subject of  
22 more than one report?

23 A. That's right. There can be  
24 more than one allegation for a particular

1 child.

2 Q. So for the first five years,  
3 presented here, from 2004 to 2009, there was  
4 a significant drop of both of these metrics;  
5 correct?

6 MS. FLOWERS: Object to form.

7 THE WITNESS: Yes.

8 Another factor that plays into  
9 the --

10 MR. ALEXANDER: I'm sorry,  
11 Doctor, we're light on time and I  
12 didn't ask you anything about factors.  
13 I just asked about the numbers.  
14 During those five years, did they  
15 drop.

16 MR. PENDELL: Objection.

17 MS. FLOWERS: Objection, you've  
18 got to let her finish the answer.

19 MR. ALEXANDER: Actually, not  
20 according to what Special Master Cohen  
21 said during the Egilman deposition.  
22 Given the time limit, we are allowed  
23 to cut off non-responsive answers.  
24 I've been very generous.

1 Q. (BY MR. ALEXANDER) So I just  
2 asked you about these numbers between 2004  
3 and 2005 -- 2009, in graphic 12, on Cuyahoga  
4 County. This significant drop, is that a  
5 good thing?

6 MS. FLOWERS: Objection.

7 THE WITNESS: Yes.

8 MR. PENDELL: Doctor, answer  
9 how you need to.

10 THE WITNESS: There is a drop.  
11 You should also know that in  
12 2006 is when Ohio changed their SACWIS  
13 system and got a new system. So I  
14 can't really verify that those are  
15 actual drops, or if those are related  
16 to the change in the state data  
17 system.

18 Q. (BY MR. ALEXANDER) Okay. So  
19 just looking from 2006 to 2009, there are  
20 still substantial drops for the number of  
21 maltreatment reports. It's about 640. And  
22 for the number of children, it's just short  
23 of 600. That's good, right?

24 A. Yes.

1 MS. FLOWERS: Objection, asked  
2 and answered.

3 THE WITNESS: Yes. And any  
4 researcher would say that 2009 is some  
5 sort of an anomaly. That you don't  
6 get that big of a drop in any one year  
7 without there being some strange thing  
8 that happened in the data.

9 Q. (BY MR. ALEXANDER) And so is  
10 there a right number, you think, of the  
11 number of substantiated maltreatment reports  
12 or child victims that you should see in a  
13 county as big as Cuyahoga County?

14 A. I would not venture to say what  
15 the right number of child abuse is in a  
16 county.

17 Q. You'd like it to be zero,  
18 right?

19 A. Wouldn't we all want it to be  
20 zero?

21 Q. And so do you know all of the  
22 factors that drive it up or down in any given  
23 year?

24 A. Do I know all of the factors

1       that drive it up and down in any given year?  
2       No, I can't say that I know all of the  
3       factors.

4               Q.       You'd need to look at a number  
5       of socioeconomic and demographic factors that  
6       might have an impact on changes from year to  
7       year, in addition to anything about data  
8       collection or policies and practices of the  
9       department; correct?

10              MR. PENDELL:  Objection.

11              MS. FLOWERS:  Objection, form  
12       and foundation.

13              THE WITNESS:  I don't believe  
14       that what you're --

15              Well, I'm not sure, but I think  
16       you're leading to socioeconomic  
17       factors are what drive child abuse and  
18       neglect.  I don't believe that that is  
19       borne out in the literature.

20              Q.       (BY MR. ALEXANDER)  There are a  
21       number of factors that drive child  
22       maltreatment reports and the number of child  
23       victims; correct?

24              A.       There are factors that are

1 associated with cases that are in child abuse  
2 and neglect.

3 Q. Let's look at graphic 13. And  
4 we can cut off the first two years if you  
5 want because you told us that SACWIS was  
6 adopted statewide in 2006; correct?

7 A. I'm not positive on that year.  
8 It could be in that time frame of 2006, 2007.  
9 Something like that.

10 Q. So if SACWIS was adopted in  
11 2006, do you know why the numbers went up  
12 between '04 and '06 in Summit County? Is  
13 that related to methamphetamine? Something  
14 else? Any other changes?

15 A. No, I don't know.

16 MS. FLOWERS: Objection to  
17 form.

18 Q. (BY MR. ALEXANDER) So the  
19 changes from 2006, all the way down to 2014,  
20 those first eight years, there's a fairly  
21 steady decline on both of these numbers;  
22 correct?

23 A. Yes, there are declines.

24 Q. That's good, right?



1 A. Yes, it is.

2 Q. Do you know what drove that  
3 decline of child maltreatment reports and  
4 child victims in Summit County from 2006  
5 through 2014?

6 MS. FLOWERS: Objection, asked  
7 and answered.

8 THE WITNESS: No, I don't know  
9 specifically.

10 Q. (BY MR. ALEXANDER) Do you know  
11 what drove the increases from 2014 to 2016?

12 A. I know what workers told us in  
13 conversations, and what the family treatment  
14 court individuals ask us to come help them  
15 with.

16 Q. But remember, you got requests  
17 and you knew something was going on with  
18 opioids and abuse in Summit County before  
19 they ever saw these increases between 2014  
20 and 2015; right?

21 MS. FLOWERS: Objection.

22 THE WITNESS: I think we're  
23 confusing the 2011 request that I got  
24 from my federal project officer and

1 recall that Summit got their regional  
2 partnership grant in 2012. And in, I  
3 believe it's 2016 is when they  
4 actually asked for some of our staff  
5 to do a site visit related to their  
6 increasing number of cases.

7 Q. (BY MR. ALEXANDER) If we  
8 overlay on these, either of these charts  
9 about maltreatment reports, the prescription  
10 drug distribution and number of prescriptions  
11 written and dispensed in these counties, we  
12 would see that the prescription drug use was  
13 going up while these numbers were going down  
14 and that it was going down before any of  
15 these numbers came up; correct?

16 MS. FLOWERS: Object to the  
17 form, foundation, outside of the  
18 scope.

19 THE WITNESS: Yeah, that is  
20 something that is outside my scope. I  
21 don't know.

22 Q. (BY MR. ALEXANDER) If that's  
23 the case, you'd have no explanation for that,  
24 would you?

1 MS. FLOWERS: Object to the  
2 form.

3 THE WITNESS: Again, it's  
4 outside my scope.

5 Q. (BY MR. ALEXANDER) So on  
6 page 18 you present some data on your third  
7 dataset that was analyzed; correct?

8 This is the AFCARS data from  
9 Ohio Department of Job and Family Services,  
10 dataset 225; correct?

11 A. Yes, this is the AFCARS  
12 dataset.

13 Q. And so I'm going to ask a  
14 couple of pretty simple questions about this.

15 Do you know why it is that the  
16 numbers in SACWIS don't match what's included  
17 in AFCARS, that is supposed to have come from  
18 ODJFS, presumably forwarding SACWIS data?

19 A. Again, there are corrections  
20 that are made each time that reports are  
21 filed with the federal government.

22 Q. Do you think they've been  
23 deidentified in some way?

24 A. Pardon?

1 I didn't catch that.

2 Q. Do you think the case number  
3 format has changed in some way and you don't  
4 have the information that would allow you to  
5 cross-reference them; correct?

6 MS. FLOWERS: Objection.

7 THE WITNESS: I'm sorry. I  
8 thought you meant the totals --

9 MR. ALEXANDER: No.

10 THE WITNESS: -- are different.

11 MR. ALEXANDER: No. I asked  
12 about the case numbering system.

13 Q. (BY MR. ALEXANDER) So each  
14 case -- we went over this already. Each case  
15 that's established in one of these counties  
16 required by law it's maintained, and  
17 ultimately there is a case number associated  
18 with it. There are various ways that's  
19 described, and that is used in SACWIS so that  
20 you could like go to the actual case file if  
21 you wanted to look up what happened and look  
22 at the full file. Right? Do you understand  
23 how case file numbers work?

24 MS. FLOWERS: Objection to the

1 form, lack of foundation. Move to  
2 strike.

3 MR. PENDELL: Objection.

4 THE WITNESS: I didn't hear you  
5 say "file." I heard you say why the  
6 numbers would be different.

7 So I thought you were saying  
8 the totals were different. And I was  
9 trying to put that together.

10 Q. (BY MR. ALEXANDER) Well --

11 A. The case file numbers, I  
12 believe it's the same situation. That the  
13 numbers, that the case numbers are  
14 deidentified when -- and changed before they  
15 go to the archives so that they are  
16 deidentified.

17 Q. (BY MR. ALEXANDER) So the  
18 numbers are also different. The total  
19 numbers, there are more removals in this  
20 dataset from Cuyahoga and Summit County from  
21 dataset 225 than are in the SACWIS dataset  
22 that was produced by plaintiffs directly from  
23 Summit and Cuyahoga County. Do you have an  
24 explanation for that?

1 MS. FLOWERS: Objection, lack  
2 of foundation.

3 THE WITNESS: I wouldn't be  
4 able to speak to that, since I haven't  
5 seen the other dataset.

6 Q. (BY MR. ALEXANDER) So this  
7 dataset, 225, lists multiple reasons why  
8 there could be a removal, whereas the data  
9 that was produced by plaintiffs directly from  
10 SACWIS does not include multiple reasons,  
11 only one reason per case. Do you know why  
12 that would be different?

13 MS. FLOWERS: Objection, asked  
14 and answered. Lack of foundation.

15 THE WITNESS: Again, I don't  
16 know what I'm comparing to, so I do  
17 not know.

18 Q. (BY MR. ALEXANDER) If there  
19 are multiple reasons available in the data,  
20 you'd need to have them to be able to conduct  
21 a meaningful analysis of the data; right?

22 MS. FLOWERS: Objection, lack  
23 of form -- form, foundation, calls for  
24 speculation.

1 THE WITNESS: I'm looking at  
2 the data that are submitted to the  
3 federal government.

4 Q. (BY MR. ALEXANDER) So you have  
5 no idea what would be in SACWIS?

6 MS. FLOWERS: Objection.

7 THE WITNESS: I don't know what  
8 the difference is between what Ohio  
9 submitted in their dataset and what is  
10 in the AFCARS dataset with these  
11 county numbers.

12 Q. (BY MR. ALEXANDER) So the data  
13 here as we talked about in connection with  
14 the other ones, you don't get the ability to  
15 pull out a specific drug of abuse from this  
16 dataset 225; correct?

17 A. No. You only have those four  
18 variables that I mentioned already.

19 Q. So correct, you can't pull out  
20 the specific drug of abuse?

21 MS. FLOWERS: Objection, asked  
22 and answered.

23 THE WITNESS: That's correct.

24 Q. (BY MR. ALEXANDER) So the

1 dataset 225, among possible reasons that are  
2 tracked for removal, has 15 options. The  
3 SACWIS data as maintained by the state of  
4 Ohio has 27 reasons. Any understanding of  
5 why there would be a difference there?

6 A. As I mentioned, each state runs  
7 their own data system. And the variables  
8 that are required to be submitted to AFCARS  
9 are the standard variables that are -- that  
10 are required by the federal government. But  
11 each state's data system varies. They can  
12 have many different things in their data  
13 system that don't roll up to the federal  
14 government.

15 Q. Okay. So if the analysis is  
16 done on the 15 possible reasons, not the 27  
17 that are actually in the SACWIS data, you may  
18 get different results; correct?

19 MS. FLOWERS: Objection, lack  
20 of foundation.

21 THE WITNESS: Well, the 15  
22 variables would be consistent unless  
23 the state was rolling those 27 and  
24 collapsing into those 15 for some



1           reason. I don't know the mechanism in  
2           Ohio. If they just cut off the extra  
3           12, or if they recategorize the 12  
4           into the 15. I don't know.

5           Q.       (BY MR. ALEXANDER) But the  
6           purpose of the analysis that you've done  
7           here, these couple of pages of charts, is  
8           this is the place where you're able to  
9           actually present some Cuyahoga and Summit  
10          County specific data; right?

11          A.       That's correct.

12          Q.       Okay.

13                   So in doing this -- I'm not  
14          talking about Ohio, and what Ohio does more  
15          generally, I'm talking about the reasons that  
16          are in the files maintained by Cuyahoga and  
17          Summit County, according to their own laws  
18          and requirements, if they had additional  
19          fields of reasons for removal, your analysis  
20          didn't account for them; correct?

21                   MS. FLOWERS: Objection. She's  
22          already testified she didn't look at  
23          SACWIS.

24                   THE WITNESS: As I said, what's

1           available to researchers are the data  
2           that are stored at the national  
3           archive.

4           Q.       (BY MR. ALEXANDER) I didn't  
5           ask about researchers, I asked about you in  
6           terms of preparing to be an expert witness in  
7           this case on behalf of Cuyahoga and Summit  
8           County who have Access to this data and have  
9           produced it in the litigation.

10                   So did you account for the  
11           additional 12 fields that are in SACWIS for  
12           Cuyahoga and Summit County for reasons for  
13           removal, "yes" or "no"?

14                   MS. FLOWERS: Object to the  
15           form, lack of foundation, and it's  
16           unclear as to what "this data" is.

17                   THE WITNESS: Yeah, no, I did  
18           not.

19           Q.       (BY MR. ALEXANDER) If you go  
20           to the last section of this report, basically  
21           the County initiatives and then solutions and  
22           recommendations, I'm going to kind of lump  
23           them all together. Does that make sense?  
24           I'm not asking you about every section and

1 every part.

2 But because as we've seen, a  
3 lot of these are actually included in other  
4 publications that you've had; right?

5 MS. FLOWERS: Objection, move  
6 to strike.

7 THE WITNESS: The  
8 recommendations are tested in other  
9 grant programs.

10 Q. (BY MR. ALEXANDER) So in  
11 general, these various recommendations that  
12 you offer here, they require actions or  
13 changes in policy or law or funding, not just  
14 from Cuyahoga or Summit County, but in some  
15 instances from the State of Ohio, in some  
16 instances it's from healthcare providers or  
17 hospital chains, and in some instances from  
18 complete third parties beyond what I've  
19 already mentioned; right?

20 MS. FLOWERS: Object to the  
21 form.

22 THE WITNESS: I wouldn't agree  
23 to that until I looked at each one  
24 that you're talking about.

1                   Q.           (BY MR. ALEXANDER)   So you've  
2       used the Word "stakeholders" before, both in  
3       your testimony and in some of your  
4       publications.   What's a stakeholder?

5                   A.           The various entities that boil  
6       down to the taxpayers who are paying for  
7       this.   But the representatives that represent  
8       the taxpayers.   So they are both the elected  
9       officials and their appointees that govern or  
10      oversee the policies and procedures for how  
11      the agencies run, and the various interested  
12      commissions and agency heads that run these  
13      different programs.

14                  Q.           So they're not just government  
15      officials, though?   Stakeholders would  
16      include like healthcare provider chains,  
17      hospitals, medical associations, third-party  
18      treatment centers in some instances; correct?

19                  A.           Yes, that's correct.

20                               MS. FLOWERS:   Object to the  
21      form.

22                               THE WITNESS:   Yes, that's  
23      right.

24                               MR. ALEXANDER:   Like you talk

1           about family-centered treatment  
2           services and treatment service Access,  
3           and you talk about monitoring and  
4           testing in connection with birth. You  
5           talk about a range of things that  
6           aren't just government, they would  
7           require various behavioral changes or  
8           funding and policy changes by various  
9           third parties, not just these  
10          counties; correct?

11                       MS. FLOWERS: Objection.

12                       THE WITNESS: Yes. It takes  
13          more than just the specific government  
14          agencies. It takes those that are  
15          contracted to work on behalf of the  
16          government agency. For example, the  
17          treatment providers, the hospitals  
18          that are receiving the insurance  
19          payments and the Medicaid payments,  
20          the physicians, yes.

21                       Q.       (BY MR. ALEXANDER) And so you  
22          don't have a list of the recommendations you  
23          have that could just be done by the counties  
24          themselves; correct?

1 MS. FLOWERS: Lack of  
2 foundation, objection.

3 THE WITNESS: The counties are  
4 very much involved with what these  
5 need to happen, but they -- can't do  
6 it by themselves. It takes all of  
7 these entities pulling together.

8 Q. (BY MR. ALEXANDER) Do you  
9 understand that this lawsuit involves certain  
10 parties that the court may be able to order  
11 to do something, but only the ones who are  
12 parties, like not the state, not third-party  
13 hospital chains, not individual doctors out  
14 in the community, not people running  
15 treatment centers. Do you understand that?

16 MS. FLOWERS: Objection, calls  
17 for a legal conclusion.

18 THE WITNESS: I understand  
19 that. I also understand that that is  
20 much of what this work entails is  
21 bringing together community groups and  
22 other interested parties. It's in the  
23 hospital's best interest to also  
24 participate to reduce the number of

1           babies born with NAS, and that is the  
2           way in which that comes together to  
3           ensure that they're getting something  
4           from this collaborative as well as the  
5           county is getting something from this  
6           collaborative.

7           Q.       (BY MR. ALEXANDER)   When you  
8           say this work entails, are you talking about  
9           the litigation?   Or are you talking about the  
10          general practice in the field?

11          A.       I'm talking about the solutions  
12          of putting together the collaborative work  
13          that needs to happen to create these  
14          solutions.

15          Q.       Okay.   So going back to my  
16          question, did you include, or can you  
17          identify the specific recommendations you  
18          have that would just be things that would  
19          need to be done by the counties themselves,  
20          as opposed to involving the state or various  
21          third parties?

22                   MS. FLOWERS:   Object to the  
23          form.

24                   THE WITNESS:   I didn't do that.

1 I could take a look at that, but I  
2 think that most of these  
3 recommendations would take the County  
4 and other entities working together.

5 Q. (BY MR. ALEXANDER) So sitting  
6 here today, having gone through your first  
7 deposition, do you have anything that you've  
8 testified to thus far you need to change or  
9 supplement that we haven't already gone over?

10 A. Not that I know of right now.

11 Q. Do you have any additional  
12 analysis or review or preparation that you  
13 need to do before you testify at trial in  
14 this matter?

15 A. Not that I know of right now.

16 Q. And obviously there can be  
17 additional medical literature that comes out  
18 or additional dataset or additional requests  
19 from plaintiffs for you to look at stuff. If  
20 you get that sort of information and it  
21 changes your opinions or your bases therefor,  
22 you will let us know through plaintiffs'  
23 counsel; right?

24 A. Yes.



1 MR. ALEXANDER: So subject to  
2 our reservations that we went over  
3 before on the record, I won't repeat  
4 all of that, and I think there may be  
5 some need for some additional  
6 follow-ups on specific data and issues  
7 identified relating to data during the  
8 course of the deposition. Subject to  
9 those reservations, those are the  
10 questions that I have on behalf of  
11 the -- my client and the distributor  
12 defendants, and I would pass the  
13 witness to anybody else who may ask  
14 questions.

15 MS. FLOWERS: We have 7 minutes  
16 and 38 seconds.

17 MR. ALEXANDER: Does anybody  
18 else on the defense side have any  
19 questions?

20 MS. FLOWERS: No questions.  
21 Let's go off the record for just a  
22 minute.

23 MR. ALEXANDER: Okay.  
24

1 THE VIDEOGRAPHER: We are now  
2 going off the record, and the time is  
3 6:28 p.m.

4 (Recess taken, 6:28 p.m. to  
5 6:36 p.m.)  
6

7 THE VIDEOGRAPHER: We are now  
8 going back on the record, and the time  
9 is 6:36 p.m.

10 MS. FLOWERS: This is Jodi  
11 Flowers on behalf of the plaintiffs.  
12 The witness reserves her right to read  
13 and sign and we have no questions.

14 MR. ALEXANDER: Thank you.  
15

16 THE VIDEOGRAPHER: Okay. This  
17 concludes the video deposition of  
18 Nancy K. Young. We are now going off  
19 the record and the time is 6:36 p.m.

20 (Proceedings recessed at  
21 6:36 p.m.)

22 --oOo--  
23  
24

CERTIFICATE

I, DEBRA A. DIBBLE, Registered  
Diplomate Reporter, Certified Realtime  
Reporter, Certified Realtime Captioner,  
Certified Court Reporter and Notary Public,  
do hereby certify that prior to the  
commencement of the examination, NANCY K.  
YOUNG, Ph.D. was duly sworn by me to testify  
to the truth, the whole truth and nothing but  
the truth.

I DO FURTHER CERTIFY that the  
foregoing is a verbatim transcript of the  
testimony as taken stenographically by and  
before me at the time, place and on the date  
hereinbefore set forth, to the best of my  
ability.

I DO FURTHER CERTIFY that pursuant  
to FRCP Rule 30, signature of the witness was  
not requested by the witness or other party  
before the conclusion of the deposition.

I DO FURTHER CERTIFY that I am  
neither a relative nor employee nor attorney  
nor counsel of any of the parties to this  
action, and that I am neither a relative nor  
employee of such attorney or counsel, and  
that I am not financially interested in the  
action.



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DEBRA A. DIBBLE, RDR, CRR, CRC  
NCRA Registered Diplomate Reporter  
NCRA Certified Realtime Reporter  
Certified Court Reporter

Dated: 5/17/19

1 INSTRUCTIONS TO WITNESS

2  
3 Please read your deposition over  
4 carefully and make any necessary corrections.  
5 You should state the reason in the  
6 appropriate space on the errata sheet for any  
7 corrections that are made.

8 After doing so, please sign the  
9 errata sheet and date it.

10 You are signing same subject to  
11 the changes you have noted on the errata  
12 sheet, which will be attached to your  
13 deposition.

14 It is imperative that you return  
15 the original errata sheet to the deposing  
16 attorney within thirty (30) days of receipt  
17 of the deposition transcript by you. If you  
18 fail to do so, the deposition transcript may  
19 be deemed to be accurate and may be used in  
20 court.

	ERRATA		
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ACKNOWLEDGMENT OF DEPONENT

I, NANCY K. YOUNG, Ph.D., do  
hereby certify that I have read the foregoing  
pages and that the same is a correct  
transcription of the answers given by me to  
the questions therein propounded, except for  
the corrections or changes in form or  
substance, if any, noted in the attached  
Errata Sheet.

---

NANCY K. YOUNG, Ph.D.

DATE

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires: \_\_\_\_\_

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Notary Public

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